



Manual

Care Manager Training Program

Care Manager Training Program Manual

Ministry of Public Health

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Preface

Thailand is an aged society in which the elderly population has rapidly increased from 7.5 million in 2010 to 9.7 million in 2014. Among these numbers, 95% of them have some sicknesses and health problems; only 5% have good health. The data shows that 87% of the elderly have been visited at home by public health officers. Regarding the home visit, the satisfaction rating of one-fifth of the bedridden patients falls to the little to least level because they sometimes receive the services that do not match their needs. Due to the services, it still lacks efficient elderly care management in the communities. Therefore, the Government by the Ministry of Public Health has launched a policy to promote health for the elderly and dependent people as one of the most urgent issues.

Department of Health by Bureau of Elderly Health together with Care Manager Training Program Development Working Team have developed the Care Manager Program Training Manual, Ministry of Public Health, as the guideline for providing care to the elderly, disabled people, and patients in the terminal stage in order that they receive good care, live in the society with dignity, and equally access to the quality health services with the implementation of the care management system.

This manual has integrated and combined the knowledge gained from a care manager training course in Japan under the cooperation with the Japanese Government by JICA and the Project on Long-term Care Service Development for the Frail Elderly and Other Vulnerable People (LTOP) as well as the beneficial advice from both Japanese and Thai specialists who have given the honor to be the advisors, especially Prof. Yoshikazu Hasegawa, Chairman of Care Management (NPO in Japan), and Mr. Yoshihito Enomoto, Chief Advisor to LTOP Project. The development of this manual has received financial support from the National Health Security Office (NSHO).

Department of Health by Bureau of Elderly Health truly hopes that this “Care Manager Training Program Manual, Ministry of Public Health” will be beneficial for the training of elderly care managers in Thailand. If there is any suggestion, please submit your comments to the Bureau of Elderly Health, Department of Health for further improvement.

Bureau of Elderly Health

Department of Health, Ministry of Public Health

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Table of Contents

	Page
Lesson 1	
Aging society and problems	7
• Current situation of the elderly	9
• Importance of elderly Care	11
Lesson 2	
Basic principle of care management	17
• Definition and Basic principle of care management	19
• Basic principle of care management	20
• Respect for human rights	21
• Improvement of quality of life	22
Lesson 3	
Care management procedures	25
• Care management procedures	27
• Knowledge on reflection technique	28
Lesson 4	
Social resources for care management administration and utilization	31
• Social resources for care management administration and utilization	33
• Use of resources as appropriate to the physical, mental and social needs	35
Lesson 5	
Care management interview techniques	42
• Listening and communicating that helps improve the communication skill	44
• Body gestures technique for understanding	47
Lesson 6	
Search for target people who need help and recognition of situations	50
• Searching for target people who need help and recognition of situations	52
• Screening for the special characteristics of the target people	53
Lesson 7	
Intake work	55
• Intake work	57
• Intake work in reality	58
Lesson 8	
Understanding of the assessment	61
• Understanding of the care management assessment	63

Table of Contents (Continued)

	Page
Lesson 9	International Classification of Functioning, Disabilities and Health: ICF 66
	<ul style="list-style-type: none"> • International Classification of Functioning, Disabilities and Health: ICF 68 • Comparison of ICD and ICF 70 • Concept of multi-functioning 73 • Interaction of ICF components 77
Lesson 10	Typology of Aged with Illustration: TAI 90
	<ul style="list-style-type: none"> • Typology of Aged with Illustration 92 • Classification of the elderly according to capabilities in Thailand 97 • Assessment form for the elderly who are in need of long term care 101
Lesson 11	Case study practice 122
Lesson 12	Understanding the problems in living and care procedures 128
	<ul style="list-style-type: none"> • Understanding the problems in living 131 • Life goals 132 • Providing assistance to achieve goals 133 • Weekly work plan development 134 • Definition of care conference and meeting arrangement 135 • Definition of monitoring and procedures 138
Lesson 13	Related-case study practice 140
Lesson 14	Elderly rights in Constitutional Law/ Labor Law 152
	<ul style="list-style-type: none"> • Constitution of the Kingdom of Thailand, B.E.2550 154 • The Act on the Elderly, B.E. 2546 155
Lesson 15	Roles and ethics of care manager 157
	<ul style="list-style-type: none"> • Roles and ethics of care manager 159 • Ethics of care manager 160
Lesson 16	Site visit and practice in service facilities and communities 163
Lesson 17	Measurement and evaluation 165
Appendix	168



Lesson 1

Aging society and problems

Lesson 1: Aging society and problems

Learning Objective:

- **General Objective**

In order that the participants have knowledge and understanding of the change in elderly population structure and elderly health condition, and realize the importance of elderly care.

- **Specific Objective**

The participants are able to,

1. Describe the current situation of the elderly in Thailand.
2. Explain the demographic structure of Thailand.
3. Explain the elderly health condition and reason for the necessity in elderly care.

Target:

The participants have knowledge and understanding of the change in demographic structure of Thailand, elderly situation, elderly health condition, and reason of the necessity in elderly care which is the fundamental knowledge in elderly care. Also, the participants will be aware of being prepared to be good elderly.

Subject:

- Current situation
- Importance of elderly Care

Period: Theory: 2 hours

Teaching Model / Method:

- Lecture
- Question and answer in large group

Activity / Process:

1. The instructor introduces the lesson starting with questions on current situation of the elderly. Present the sample of elderly news on media. And explain the participants to understand the current situation of the elderly, the change in demographic structure that affects the elderly.
2. Divide the participants into groups as appropriateness. Discuss and present on **“Elderly health condition”** and **“Reason of the necessity in elderly care”**.
3. Jointly summarize the opinions of group members and present.
4. The instructor summarizes and gives comments.

Instruction Media / Material:

1. Care Manager Training Program Manual
2. Training material: presentation file, poster, pamphlet, newspaper's news
3. Graphs of the past, present and future demographic structure
4. Statistics of elderly health condition and others

Recommendation for Instructor:

1. The instructor should prepare the elderly-related news broadcasted through different channels so that the participants are interested in learning and sharing their opinions.
2. The learning activity should focus on the participation and engagement of all participants.

Assessment:

1. Observe the participation in group discussion.
2. Observe the participation in group activities.
3. Assess from questioning and answering.

Knowledge Sheet 1.1

Current situation of the elderly

The success and advancement in medical and public health of Thailand have greatly decreased the population growth rate causing the rapid increase in the number and proportion of elderly population. This means that the proportion of elderly population aged 60 years old up has increased which leads the country becoming an aged society as more than 10% of total population is the elderly. Regarding this, Thailand has made some preparations for such issues, for example, national development plan, national elderly plan, and other plans as well as to give importance and include the development for the elderly into national plans, at all times.

Thailand's elderly has increased from 10.7% or 7.0 million in 2007 to 11.7% or 7.5 million in 2010 and will reach 20.0% or 14.5 million in 2025 (National Statistical Office, 2008). This means that the country has entered **“aged society”** at a fast pace. Consequently, Thailand has a short time to be prepared for such a society in terms of health, society, and economy. The United Nations defines that any country having population aged over than 60 years accounting for 10% or over than 65 years accounting for 7% of total population has become the aged society and will enter to the complete-aged society when the population aged over than 60 years reach 20% or over than 65 years reach 14%. Please see **“Change in Thai Society”** (online access from <http://www.agingthai.org/page/1042>). When dividing the elderly into 3 groups according to ages, it is found that more than half of the elderly (57.8%) is the young-old (60-69 years old), 31.7% is the mid-old (70-79 years old) and 9.5% is the old-old (80 years old and over) who has high dependency rate (National Statistical Office, 2008).

Change in Demographic Structure

For Thailand's demographic structure during 60 years (1970 - 2030) at the beginning when the family planning project started, the bottom of population pyramid was very large because the proportion of young population (0-14 years old) was high and working-age population in the middle of the pyramid was also high. Whereas, the top of the pyramid was narrow since the proportion of elderly population was yet small.

20 years later (1990), it is found that the bottom of pyramid became smaller because young population has decreased while the working-age population outnumbered the young since the young population in the past 20 years became the working-age. At the same time, the top of pyramid has gradually expanded due to a small increase in the number of elderly population.

In the following 20 years (2010), it is found that bottom of pyramid became narrower due to the decrease in young population as birth rate has decreased; while the top of pyramid has

become wider since the working-age population who used to be in the middle of pyramid moved to the top and proportion of the old population has increased because the baby boomers who were born after WWII have become the elderly and the population has longer life longevity.

In the next 20 years (2030), the bottom of pyramid will become even narrower. The young and working-age population will decrease due to the continuous fall in birth rate while the top of pyramid will become larger. The proportion of elderly population will double comparing to the number in 2010 since the baby boomers will become aged and the population will live longer. By that time, Thailand will become the complete-aged society (Thai Elderly Situation 2007, Thai TGRI).

Thailand population pyramid

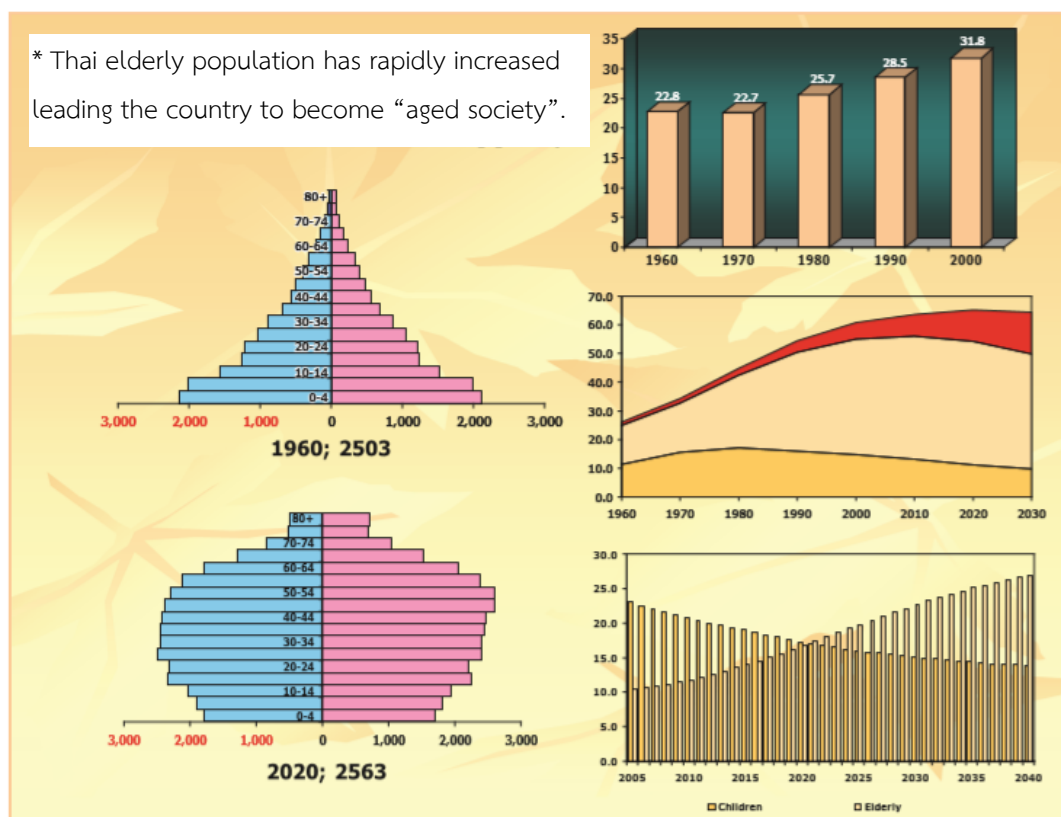
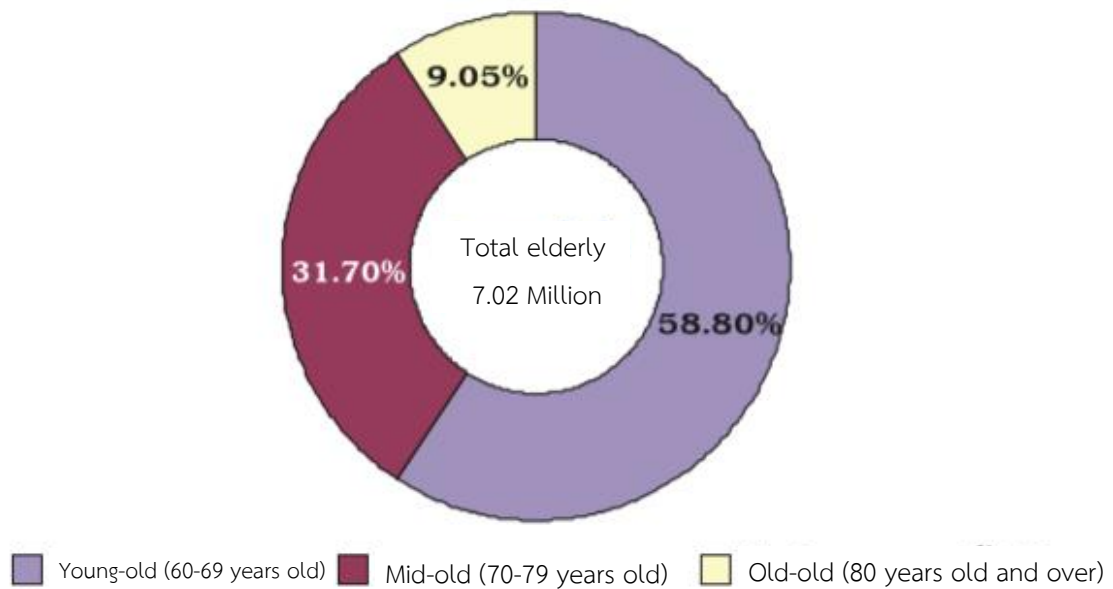


Chart: Percentage of elderly population in age groups, 2007



Source: Report on the 2017 Survey of the Older Persons in Thailand National Statistical Office

References and sources of additional information

1. Online access from: <http://www.agingthai.org/page/1042>
2. National Statistical Office. **Report on the 2017 Survey of the Older Persons in Thailand**. Bangkok: Thanaplace, 2008.

Knowledge Sheet 1.2

Importance of elderly care

When people become older, the functions of body organs gradually deteriorate which will then reduce the abilities to support and help themselves. And with the advancement of medical, nursing and public health technologies, the mortality rate caused by infectious diseases has decreased while survival rate and life longevity improve; however, those survivors always have some disabilities remained.

Nevertheless, it is found that numbers of the patient with non-infectious diseases such as hypertension, diabetes or hypercholesterolemia have risen. Those patients are unable to be cured to completely recover and need long-term care. Moreover, the report on the 2017 survey of the older persons in Thailand, National Statistical Office asking the elderly to do self-assessment 7 days before interviewing date; shows that 43% of the interviewee said that they have good health, 28.9% have normal health, 21.5% have bad health, and 2.8% have very bad health while only 3.8% assessed themselves having a very good health. In terms of visibility, more than half (53.7%) said that they have clear visibility, one-fourth of them (25.4%) have clear visibility when wearing glasses or lens, 20.5% have unclear visibility, and 0.4% cannot see at all.

When getting older, the numbers of permanent teeth will always become less. The masticatory ability depends on the individual's oral health care. Almost half (48.6%) have less than 20 permanent teeth, which clinically causes the difficulty in chewing that will lead to high risk in having malnutrition disease and underweight.

In the elderly, there are 6 chronic diseases that are often found, namely hypertension (31.7%), diabetes (13.3%), heart disease (7.0%), paralysis/ paresis (2.5%), stroke (1.6%) and cancer (0.5%). The mid-old group (70-79 years old) has a higher rate of having hypertension, diabetes, heart disease, and stroke higher than the young-old (60-69 years old) and the old-old (80 years old and over) while the incidence of paralysis/ paresis has been found in the old-old group. A survey in Thailand shows that 69.3% of those of 60-69-year-old group have chronic diseases. More diseases are found in the elderly with a higher age (83.3%). And 70.8% of those of 90-year-old up group have all 6 chronic diseases.

The major health problems found in the elderly are chronic joint and back pain which the prevalence is one-third of other health problems. The non-communicable diseases that are often found are hypertension, diabetes, obstructive pulmonary disease, heart and coronary disease.

For the disability incidence of the elderly in Thailand, it is found that one-fourth of the elderly have health problems which cause them become unable to do activities that they used to do. Among this, 18.9% have such problems for more than 6 months which could be claimed that they have long-term disabilities. The prevalence rate increases when the elderly become older and the disabilities are found in female rather than male. 7% of Thai elderly needs to depend on other persons in doing daily-life activities. It is also forecast that in 2010, 2020 and 2030, there would be dependent elderly approximately 499,837; 741,766 and 1,103,754 persons respectively. Out of those numbers, 85.2% would lose good health because of the non-communicable diseases.

Table 10: Percentage of elderly having chronic diseases, classified by diseases, age groups, and genders, 2007

Chronic Disease	Total	Age Group			Gender	
		Young-old (60-69 years)	Mid-old (70-79 years)	Old-old (80 years and over)	Male	Female
Hypertension	31.7	28.9	35.9	34.6	26.7	35.7
Diabetes	13.3	13.5	13.9	10.5	9.5	16.4
Heart Disease	7.0	5.7	9.0	8.4	5.0	8.6
Paralysis/Paresis	2.5	1.8	3.1	4.8	2.7	2.3
Stroke	1.6	1.3	2.0	1.6	1.5	1.6
Cancer	0.5	0.4	0.5	0.5	0.4	0.6
Hypertension & diabetes & heart disease	1.5	1.3	1.7	1.6	1.0	1.9
Hypertension & stroke	1.0	0.8	1.4	1.3	0.8	1.2
Hypertension & stroke & paralysis/paresis	0.3	0.2	0.4	0.5	0.3	0.3

Although aging is inevitable, chronic diseases that cause disabilities can be prevented or delayed with the use of medical and public health, economic, social and environmental measures. Regarding this issue, there is a theory saying that the continuous decrease in mortality rate causes an increase in the number of elderly living with chronic diseases and disabilities (The Expansion of Morbidity (Gruenber, 1977)). The second theory, on the other hand, believes that the illnesses and disabilities in the elderly can be prevented and postponed; thus, the longer length life is the number of healthy years (The Compression of Mobility (Fries, 1980; Fries, 1989)); whereas, the third theory believes in the principle of equilibrium (The Dynamic Equilibrium (Manton, 1982)). However, the information of various studies argues that the statements of these three theories which are being worse, better, or unchanged are impossible.

According to the theory believing that numbers of longer life-years can be made to be the years of having good health without disabilities which will then reduce the illness in the elderly; it also needs effective preventive measures in reducing the illnesses rather than death. The illnesses that followed by chronic disabilities are in relation to the accumulated unhealthy behaviors and environmental pollutions can be prevented and avoidable. Thus, the theory would be true if the lifestyle, behavior and environmental factors that affect the elderly's health are better.

As most of the elderly's problems are caused by physical deterioration, chronic diseases and disabilities cannot be medically treated alone, especially in the old-old elderly such as those aged more than 70 years old.

The elderly's health problems clearly show that the perspective of medical health (Biomedicine mode) is too narrow; it needs a wider health view. To explain the elderly's health problems, today's perspective of health is less focused on the deterioration of organs but more on the interaction between the humans' body and the environment in society. Although the illnesses and deterioration of the body in the elderly may be unavoidable, such conditions are not caused by aging alone; instead, they are incurred by the environment, behaviors, and lifestyle of one person in the past. World Health Organization has defined the word health in a broader dimension as "State of complete physical, social, and mental well-being" (WHO, 1985) ("Long-Term Elderly Care Manual", Department of Health, 2010). Elderly health care is, therefore, an important issue.

References and sources of additional information

1. Department of Health. **Long-Term Elderly Health Care**. Bangkok: The Agricultural Co-operative Federation of Thailand., LTD., 2010
2. The Compression of Mobility. Fries, 1980, Fries, 1989.
3. State of Complete Physical, Social and Mental Well-being. (WHO 1985)
4. The Dynamic Equilibrium. (Manton, 1982)

Aging society and problems

A declining birth rate and an increase in the numbers of the elderly population are moving along with the economic and social advancement in both Thailand and other countries in South East Asia. For Thailand, it is anticipated in 2013, the proportion of older people will be 14% which means that the country becomes the aged society.

It is mentioned that Japan is the first country that has entered into the aged society; however, a study reveals that the elderly population in Thailand has rapidly increased leading the country to become aged society at a faster rate rather than Japan. Thus, if there is no well-prepared measure in advance, Thai society would be extremely crowded with the dependent elderly.

One measure that would be effective is the implementation of the care management system. In Japan, this system has been operated as the core of nursing care provision for the elderly since the country has launched the National Health Care Insurance System in 2000. For the other countries, it would be quite difficult to launch and enact the insurance system like Japan; nevertheless, many countries are very much interested in this care management system.

Therefore, the participants of the training should realize that they have a very good chance to study the care management which is in the spotlight of the countries around the world.

Presently, the elderly population in Thailand has rapidly increased.

Comparison of the speed of population aging

(Number of years required or expected for percent of population aged 65 and over to rise from 7% to 14%)

- France	114 years	(from 1865 to 1979)
- Sweden	82	1890-1972
- Italy	59	1930-1989
- England	46	1930-1976
- Germany	42	1930-1972
- Japan	24	1970-1994
- China	25	2001-2026 (exp.)
- Thailand	22	2001- 2023 (exp.)
- South Korea	18	1999-2017 (exp.)

- Malaysia, Indonesia, Philippines, Vietnam have not entered into aging society (7%).

(Reference: "Asia is aging" by Keishiro Oisumi (from the United Nation's estimation of the population))

Worksheet 1.1

Instruction

The participants are divided into groups as appropriate (should not over than 6-10 persons) and asked to discuss on the topic **“the elderly health condition”** and “reason of the necessity in elderly care” in the following topics.

1. What is the current condition of Thai elderly?
2. How do the elderly’s illnesses relate to health behaviors?
3. How is necessary for elderly care?
4. The group selects a presenter.
5. The instructor gives recommendations, explanation and summary.



Basic principle of care management

Lesson 2: Basic principle of care management

Learning Objective:

- **General Objective**

In order that the participants have knowledge and understanding of the definition of care management structure, the basic principle of care management, respect for human rights, improvement of quality of life, and cost control.

- **Specific Objective** **The participants are able to,**

1. Describe and explain the definition and structure of care management.
2. Explain the basic principle of care management, respect for human rights, improvement of quality of life, and cost control.

Target:

The participants have knowledge and understanding of the definition of care management structure, the basic principle of care management, respect for human rights, improvement of quality of life, and cost control which is the fundamental knowledge of care manager. Also, the participants will realize the roles and be aware of being a good care manager.

Subject:

- Definition
- Structure of care management
- Basic principle of care management
- Respect for human rights
- Improvement of quality of life and cost control

Period: Theory: 2 hours

Teaching Model / Method:

- Lecture
- Question and answer in large group

Activity / Process:

1. The instructor introduces the lesson starting with the definitions of care manager. Present the sample of care manager's duties and works. And explain the participants to understand the definition of care management structure, the basic principle of care management, respect for human rights, improvement of quality of life, and cost control.
2. Divide the participants into groups as appropriateness. Discuss and present on the definition of care management structure, the basic principle of care management, respect for human rights, improvement of quality of life, and cost control.
3. Jointly summarize the opinions of group members and present.
4. The instructor summarizes and gives comments.

Instruction Media / Material:

1. Care Manager Training Program Manual
2. Training material: presentation file, poster, pamphlet, newspaper's news

Recommendation for Instructor:

1. The instructor should prepare the news relating to the different elderly care givers and elderly care management in community that are broadcasted through different channels so that the participants are interested in learning and sharing their opinions.
2. The learning activity should focus on the participation and engagement of all participants.

Assessment:

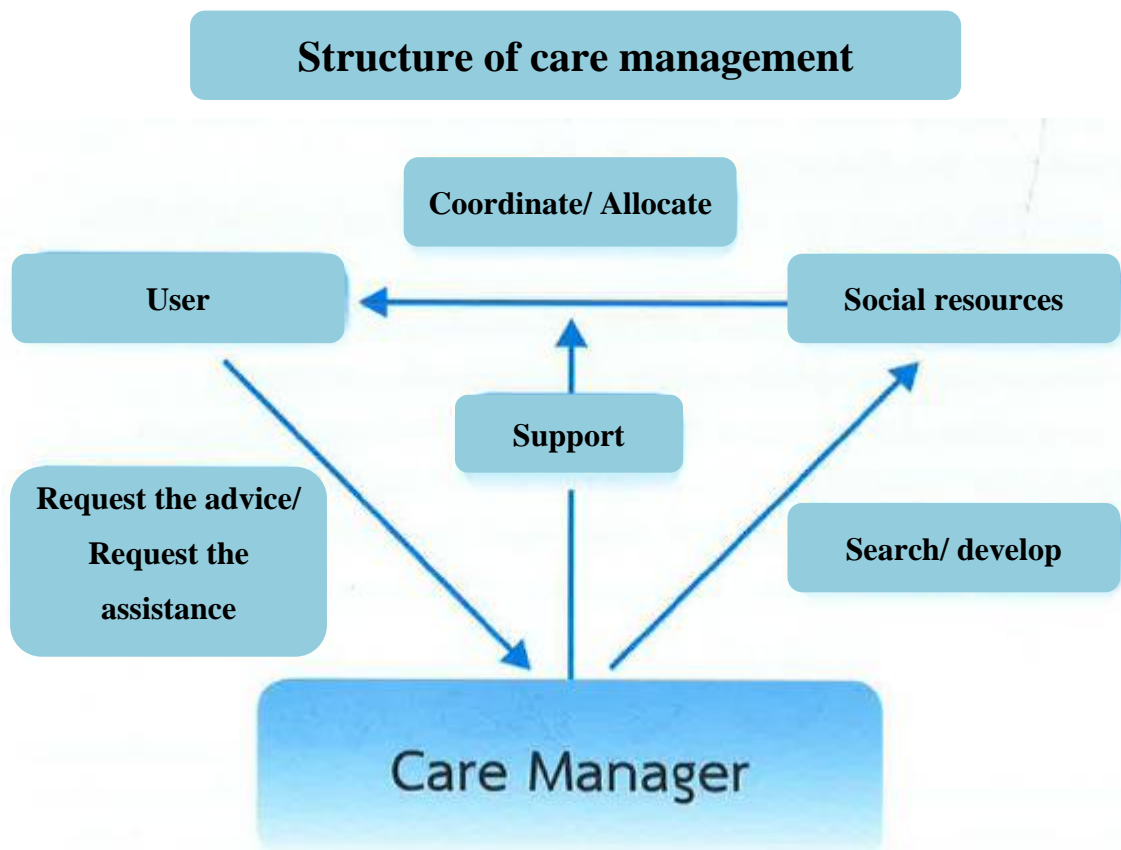
1. Observe the participation in group discussion.
2. Observe the participation in group activities.
3. Assess from questioning and answering.

Knowledge Sheet 2.1

Definition and Basic principle of care management

Care management is a community care promotion work which means an analysis of the obstacles to the daily living of the target person who needs help and a provision of advice to such person to utilize the available social resources to solve the problems and get rid of the obstacles. A person who takes this role is called the care manager.

The structure of care management is shown below.



Knowledge Sheet 2.2

Basic principle of care management

Generally, in any country, the elderly are respected as knowledgeable and experienced people.

Nevertheless, the more number of older people in society, the more assistance for a living is needed. In some cases, the elderly might be seen as an annoying person and unwanted. For example, in Japan, the elderly are often bullied.

Why does it happen?

Considering the overall picture, it could be seen that the elderly who need assistance in their daily living will become more and more reliant. Finally, they will become dependent for a long time. This would cause the family members who take care of them feel angry and frustrated as they do not know how long this situation lasts, thus leading to elderly abuse and violence.

Care management is the management system that begins with the development of measures in advance in order to prevent the mentioned condition. The following things must be considered and prepared.

- Help the elderly, patients, disabled persons and other people with any condition so that they can live their lives in their community.
- Adjust the utilization of the available social resources to achieve the goals as set.
- Try to identify the situation of the target person so that they receive assistance comprehensively.
- Try to acquire the news and information of the social resources as complete as possible.

Moreover, to implement the care management, it is necessary to consider the important factors which are the respect for human rights, individual, equality and being neutral in providing assistance to the patients and elderly.

Knowledge Sheet 2.3

Respect for human rights

Apart from the protection of the help recipients' human rights which is the common practice to be done, the care manager must always keep in mind that the service users' human rights should be well protected in the society and family, etc.

To achieve such goal, it is necessary that the care manager works at the professional level to ensure that the target person's human rights are respected and protected. Also, the care manager must detect the target's living problems and situation; saying that they must use the observation skills, interpret the situation deeply, and perceive the feeling immediately.

Respect for the individual

During the provision of assistance, the care manager must try to encourage the recipient and family to participate in the help activities which would be the expression of intention and decision making. Moreover, every individual life must be respected and valued.

Equality

Care providers must treat the recipients with an equal relationship which means that they must control their emotions and actions well. During the service provision, the care provider must treat every service user equally. However, it does not mean that they have to treat everyone in the same ways. It means that they to consider and provide the appropriate assistances that match the need of each person. To provide proper assistance, it is necessary to clearly survey the whole community by coordinating and sharing information with relevant stakeholders.

Being neutral

Being in a neutral position between the assistance goal and relevant stakeholders as well as having a neutral relationship with the service providers.

Social responsibility

Perform efficient work for the benefits of the recipients. The effective services will create indirect benefits to society at the same time. The important viewpoint is the intention to help with the consideration of the recipients' needs, as much as possible.

Protection of personal information

Securely keep the personal information that relates to the life and living of the recipients. This matter is very important because the basic rule of this occupation is trust.

Knowledge Sheet 2.4

Improvement of quality of life

In assisting the elderly for the support of their daily activities, the care manager must focus on the quality of life. The aim is to help improve the household living standard in which a recipient is a core person. Therefore, the three following perspectives must be considered.

- Physical function

It could be said that the most important reason that leads a person to require help is the physical illness which causes the degeneration of the abilities to do daily activities (ADL). Thus, the patient needs support and help to improve their quality of life so that the current physical mechanism becomes more efficient.

- Mental

Apart from the physical disorders, the recipient also has mental problems as they always feel of life insecurity and do not know how their future life will be. Most of them feel worried and anxious. To help them during this stage so that they realize and believe that their life would be improved and recover will make them have good morale.

- Social surrounding

The social surrounding means the area in which the recipient mainly live in. It includes family members who provide care and assistance. In principle, such surroundings should be expected and considered prior to the help provision; though, in practice, it would be impossible. However, there might be a way to prepare the surroundings to provide help. The important thing is to inform the recipient of the need for preparation and to focus on the improvement of the recipient's quality of life as a whole.

Cost control

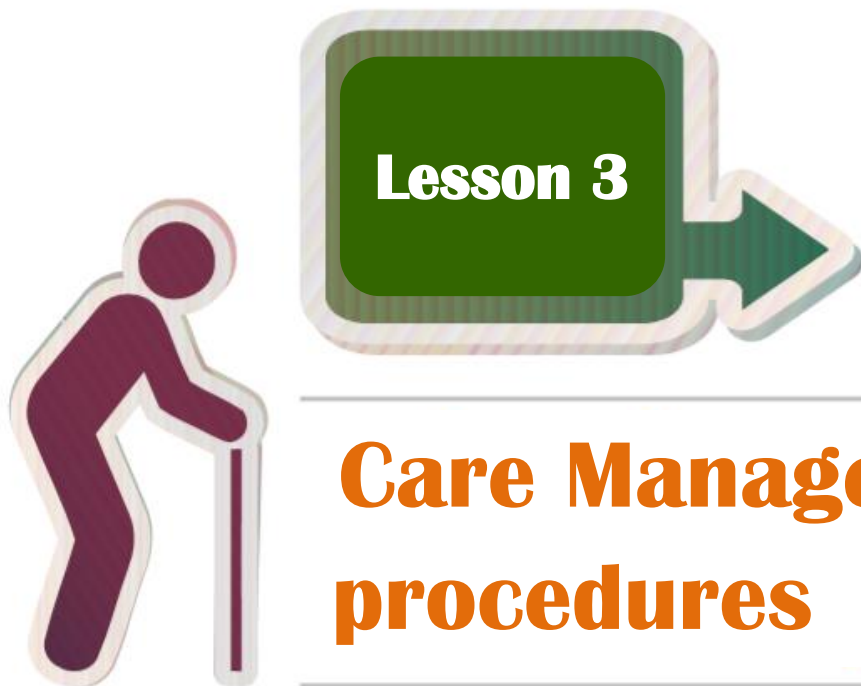
Regarding the expenses, the care manager must consider the financial status of the service user. The principle is to let them receive the least burden, especially when they have been discharged from the hospital, it is necessary that the care manager keeps contact with the hospital usually. One important issue is to forecast the recipient's life and living after being discharged. This process and preparation must be developed in advance saying that the care manager should develop different care programs and ask the recipient to choose what they want.

Worksheet 2.1

Instruction

1. The participants are divided into groups as appropriate (should not over than 6-10 persons) and asked to discuss how do the following topics are important to the roles of care manager. The topics are the structure of care management, the basic principle of care management, respect for human rights, improvement of quality of life, and cost control.
2. The group selects a presenter.
3. The instructor gives recommendations, explanation and summary.

[illegible]



Care Management procedures

Lesson 3: Care Management procedures

Learning Objective:

- **General Objective**

In order that the participants have knowledge and understanding of the seven steps of care management procedures and concept of reflection that are important and necessary for the elderly care management.

- **Specific Objective**

The participants are able to,

1. Explain the seven steps of care management procedures.
2. Explain the concept of reflection.

Target:

The participants have knowledge and understanding of the seven steps of care management procedures and concept of reflection that are the important and basic knowledge for elderly care provision. Also, the participants will be aware of being prepared to be a good care manager.

Subject:

1. 7 steps of care management procedures
2. Knowledge and concept of reflection
3. Practice/ Conference to consider the case study with the use of reflection concept

Period: Theory: 2 hours

Teaching Model / Method:

- Lecture
- Question and answer in large group

Activity / Process:

1. The instructor introduces the lesson starting with questions on the components of care management or the experiences in elderly care provision in the community, or the steps of elderly care. Present the sample of elderly care provision in the community. And explain the participants to understand the seven steps of care management and concept of reflection

2. Divide the participants into groups as appropriateness. Ask the participants to practice and have a conference to consider the sample case study with the use of reflection concept. Then, ask them to present.

3. Jointly summarize the opinions of group members and present.

4. The instructor summarizes and gives comments.

Instruction Media / Material:

1. Care Manager Training Program Manual

2. Training material: presentation file, poster, pamphlet, newspaper's news

3. Sample case relating to the reflection concept

4. Others

Recommendation for Instructor:

1. The instructor should prepare the news and information that relates to the care management procedures so that the participants are interested in learning and sharing their opinions.

2. The learning activity should focus on the participation and engagement of all participants.

Assessment:

1. Observe the participation in group discussion.

2. Observe the participation in group activities.

3. Assess from questioning and answering.

Knowledge Sheet 3.1

Care management procedures

Before the implementation of care management, at first, we need to understand the steps of care management

- (1) Approach (find a case who needs help, screen, intake work).
- (2) Assess (ICF, TAI).
- (3) Develop a care plan (concept of the recipient, living problems, goal setting, assistance details, weekly plan).
- (4) Prepare the services according to the care plan and start.
- (5) Monitor (regularly visit the recipient to check the situation and condition of assistance).
- (6) After the monitoring, if necessary, re-assess the recipient.
- (7) Complete the process (when the care management steps have been completed done, evaluate the care plan to check whether it is appropriate to the case or not).

Knowledge Sheet 3.2

Knowledge on reflection

Background of reflection

At the beginning of 1900, John Dewey defined the reflection as the assessment of a person's belief foundation and the contemplation made from their experiences which means the intention to accumulate the experiences so that they gain knowledge with them. After the proposal, Dewey presented the concept of doing while considering at the same time to the experts in several fields to adopt and apply.

The general thought relates to 'seeing', 'speaking', 'listening', and 'writing', etc. The record of the assistance and care plan requires the writing skills in recording the situations. It also needs skills in summarizing and identifying the main idea and reason. It is necessary that the care manager must be capable of expressing the viewpoints and values towards the situation, and interpret it (show the opinions).

Reflection Concept

Reflection which is explained here means going back to reflect is an approach that the care managers use to learn from the experiences. It means that they look back and consider their past work operation and performance.

The care managers return to their experiences and consider the assistant methods that they used to provide to the recipients in the past by interpreting (why does this situation happen?) the truth and situation that they are confronting (words and actions), from their viewpoint.

Reflection in this training

(1) Self-reflection

It is the reflection that the person considers their past activities and work performance and the method and help that they provided to the recipients, especially the memorable cases.

(2) Reflection through conversation

It is the reflection with the use of conversation between 2 or 3 persons asking and answering about the past works followed by self-reflection.

(3) Group reflection

It is the reflection in a group. Divide the participants into groups to discuss and summarize the main concept of work then answer the questions made in the group. This method helps encourage the reporter to contemplate their past actions.

Precautions for the conference to consider the sample case with the use of reflection concept

- Look back to the past and consider starting with the questions between yourself and the situation. You should think by facing the situation in front of you.
- Think of the feeling of the case. Use the case and situation as a mirror to reflect yourself.
- The goal of contemplation is to consider your actions including the value, knowledge, skills and others which are the reasons that support the actions.
- Be kept in mind that you must find the reason within yourself not from the case or the surroundings.
- Change a way of thinking that “I am OK” while “You (service user) are not”.
- Record.

Worksheet 3.1

Instruction

1. The participants are divided into groups as appropriate (should not over than 6-10 persons). Ask them to consider the sample case with the use of reflection concept. The group selects a presenter.
2. Each participant considers the sample case with the use of reflection concept and share the opinion to other group members. Every group member discusses and gives comments.
3. The instructor gives recommendations, explanation and summary.

[illegible]



**Social resources for care
management administration
and utilization**

Lesson 4: Social resources for care management administration and utilization

Learning Objective:

- **General Objective**

In order that the participants have knowledge and understanding of the social resources for care management administration and utilization as well as the categorization of the resources and the use of resources as appropriate to the physical, mental and social needs so that the most benefits happen.

- **Specific Objective**

The participants are able to,

1. Explain the social resources for care management administration and utilization
2. Explain the categorization of the resources and the use of resources as appropriate to the physical, mental and social needs so that the most benefits happen.

Target:

The participants have knowledge and understanding of the social resources for care management administration and utilization as well as the categorization of the resources and the use of resources as appropriate to the physical, mental and social needs so that the most benefits happen.

Subject:

1. Social resources for care management administration and utilization, and categorization of the resources
2. Use of resources as appropriate to the physical, mental and social needs

Period: Theory: 2 hours

Teaching Model / Method:

- Lecture
- Question and answer in large group
- Practice: Resources

Activity / Process:

1. The instructor introduces the lesson starting with questions on the resources that are needed for the elderly care and asks the participants to share. And explain the participants to understand the social resources for care management administration and utilization as well as the categorization of the resources and the use of resources as appropriate to the physical, mental and social needs.

2. Divide the participants into groups as appropriateness. Discuss and present on the social resources for care management administration and utilization as well as the categorization of the resources and the use of resources as appropriate to the physical, mental and social needs.

3. Jointly summarize the opinions of group members and present.

4. The instructor summarizes and gives comments.

Instruction Media / Material:

1. Care Manager Training Program Manual
2. Training material: presentation file, poster, pamphlet, newspaper's news
3. Others

Recommendation for Instructor:

1. The instructor should prepare the news and information that relates to the several kinds of social resources and the use of them or the good example of resources management via different media so that the participants are interested in learning and sharing their opinions.

2. The learning activity should focus on the participation and engagement of all participants.

Assessment:

1. Observe the participation in group discussion.
2. Observe the participation in group activities.
3. Assess from questioning and answering.

Knowledge Sheet 4.1

Social resources for care management administration and utilization

Care nursing service and the use of resources

It could be said that care management is a method that integrates the overall knowledge and skills to the launch of concrete implementation. It is a process that requires the use of several resources, the connection between the living goals of the recipient and the available resources. The care management procedure helps make the recipient be able to support themselves in living their daily life continuously and sustainably.

Therefore, we must consider how the recipient can make use of the available resources.

Regarding the care management, the care manager must be aware of the important principles which are the assessment (provide the rights quarantine), and the requirement and need (show the rights) that are appropriate to the service user. It means that the service user has the rights to use the resources. The resources will be truly valuable only when they are used.

Categorization of the resources (Reference: Japan)

The resources could be widely classified into 3 types. The using methods are different due to their characteristics.

1. Formal => The resources within the official responsibility.
2. Non-formal => The resources that relate to the personal matter and become the social responsibility within the community.
3. Informal => The resources that relate to the service user.

The resources could be classified due to the surroundings of service users as follows.

1. Nature of the accommodation, surroundings of the objects and service facilities (from the primary industry to the third level).
2. Local context such as tradition, neighbors, and community network.
3. Family culture such as clothes, food, house, etc. of the person.

The important point is we have to consider the resources as “the things that will help create the service recipient’s living pattern” not just the services, welfare center or people.

If we directly look at a person who lives their life, we would see that their surroundings are composed of the family culture which is enclosed under the local context and community network that is surrounded by the natural and material environment.

The thought of most young people such as the student of “being alone is alright” is a wrong idea as they would cause the problems to society. Actually, the accommodation that they live in is supported by several agents including the developer, constructor, and building material manufacturers as well as the laws and regulations. The data from a study reveals that one person can live normally in one day because there are about 10,000 people who are working or have worked for them.

It could be simply said that,

- People can live normally every day because they receive support and help from several resources.

- Healthy people can freely choose to use any resources as they want.

- The recipients may also be able to choose the resources; however, most of them lack the necessary information in considering the types of resources that they need for their independent and better life.

=> At this point, the true property of the care management system outstandingly appears.

Knowledge Sheet 4.2

The use of resources as appropriate to the physical, mental and social needs

The resources that are used for care management

- The resources that are in the form of the activities of care management
 - Care management ability (general meaning)
 - In-depth self-study, convincing the others to see the outstanding characteristics
 - Arranging and joining the activities with the full effort
- The resources within the recipient which are the desire, way of thinking, remaining abilities, hidden abilities, hobby, working history, interpersonal relations, belief, etc.

Informal services

Family: spouse, male-female siblings, children, children's spouses, grandchildren
Relatives
Neighbors
Friends, colleagues
Honorable welfare officers
Local clubs, store association
Elderly federation
Elderly service center
Volunteer center
Day care center's volunteers
Intern student, general learning activities

Types and special features of the informal services

Family (including relatives)

Presently, the families in many countries are likely to be nuclear families consisting of two parents and their children as they think that having a larger extended family would cause a lot of burdens as they have to take care of their parents (grandparents). Most people, nowadays, want privacy in the family unit and a happy life with financial freedom. Thus, it could be anticipated that there will be more families in which the elderly live alone or live with their spouse. The number of these kinds of families would be over 50% of the total number of elderly families.

Moreover, the impact of the decrease in birth rate has made the burden to the couples who are the oldest son or daughter as they have to take care of 4 older persons who are their parents.

Under this condition, the selection of the available formal resources provided by the government is limited. Thus, it needs the family being as the additional resources to support insufficient nursing services. Since the family becomes a part of services and they also have to provide care for the elderly, it is unavoidable that the family members would feel that they have to bear the heavier burden.

The proportion of informal family is still high. The important issue to consider for care management is to think and consider the “operator” of the services [Here, let’s try to assess the family situation (including relatives)].

(1) Name of family members and relatives of the recipient

(2) Mental intimacy between those people and the recipient

- They are close to each other.
- They are close at a level that they do not refuse each other.
- At a level that the recipient accepts but the family members refuse.
- At a level that the recipient refuses but the family members accept.
- At a level that both sides refuse each other.

(3) Personal ability

- Physical functioning
- Level of enthusiasm
- IADL level
- ADL level
- Level of the understanding of the treatment

(4) Relevant date and time

- Regular/irregular
- Date, day
- Time

Neighbors, friends, colleagues

- Mostly, for the involvement of the people who have no blood relatedness, the fixed pattern cannot be applied.

- For the involvement of the neighbors, the care manager must explore and identify the factors relating to the community and interpersonal relationships in advance.

- The relationship between the family members should be considered and the limitation line must be drawn to prevent privacy problems.

- It is important that the care manager takes time to detect the factor regarding the human relationship carefully.
- It must be kept in mind that the care manager is as well one relevant person.
- To assess the situation, the recipient must have a chance to participate and make a decision. Observe the happening situation.
- The important thing that needs to be checked rather than the family members is “mental intimacy between those people and the recipient”.
- Regarding the capability in providing care, be aware that there are several matters that cannot be linked to the BADL.
- Adhere to the standard practice “check to ensure the safety”, “care and protect”, “be an interlocutor”, “take them outside”.

Honorable welfare officers (only in Japan case)

- They are an informal service provider.
- Presently, the number of this group of operators has dramatically decreased. As well, the services and scope of work have greatly changed comparing to the past 20 years.
- => In case you need to contact the honorable welfare officers.
- Each honorable welfare officer has different “enthusiasm”, “knowledge”, and ‘performance’, even though the regulations regarding this matter have been identified in the law.
- At first, you should meet the head of honorable welfare officers of the municipality to collect the data.
- Most professional care provision officers may hesitate to disclose the information in the first place because they were trained to keep the information confidential.

Local clubs, store association

- Please understand that this system is in the form of an organization.
- The special characteristics; “it is an open broad channel” and “it can respond to the individual needs”.
- If we look at the several activities which deeply relate to the informal services, it could be expected that this would be one of the supporting tools for a care manager.
- Please understand that each association has different regulations that they have to follow.
- The association arranges the meeting relating to several issues that need to be followed and monitored.
- The care manager should find the chance to contact the president of the association that the recipient is the member.

- The association regularly organizes many events at their meeting venue so the care manager should check the content and consider whether the recipient can join or not.
- You should find the chance to listen to the opinions of the welfare specialist as much as possible since there are a lot of problems relating to the issue of entering into an aging society, currently.
- You should strictly behave well.

Elderly Federation (only in Japan)

- Elderly clubs gather into a federation to organize several activities that are very flexible.
- The elderly federation has established the operation center at each province. Their main activities are related to the meaningful life of the elderly.
- They also organize activities that help the individual.
- There are a lot of people who are interested in welfare working with them.

Community volunteer center

- From its nature of work, this might be classified as the non-formal.
- It can provide multidisciplinary personnel and budgeting services.
- In case the specific expertise is required, this might not be able to provide the services as expected.
- It is recommended to discuss with the coordinator before making a decision to use the service.
- It could be expected that the volunteers can help and support several fields of tasks as the center has volunteers with a wide range of expertise.

The use of services as appropriate to the needs

Physical need

The most important issue is to understand the disease and physical condition and the need to principally provide the informal support and service for IADL. The services include medical treatment, home visit, and day care services at home.

(Example) => To maintain the health: a5702.222

- The health officer of the health center regularly visits the recipient at home (once a month).
- The person who is in charge checks the recipient's vital signs every day (one time a day).
- The honorable welfare officer regularly visits the recipient at home (once in two weeks).

Mental needs

Mostly, informal assistance is effective for mental support.

In case that the recipient feels sad because of the loneliness and depression, to have someone they know occasionally visits them would make them have better emotion.

For the person with dementia, it could be expected that their close person who understands the life well would use their ability to help the recipient; however, it depends on the level of severity. This would lead to improvement.

(Example) => One-to-one conversation: a3503.112

- Talk about the general topics with a neighbor, Mr. Nishimura (irregularly).
- The officer from the elderly association visits at home (once a month).
- Talk to the food delivery or laundry person (approximately one time a day).
- Have tea with the local club members (once a month).
- The honorable welfare officer regularly visits at home (once in two weeks).

Social needs

The method to approach the recipient by inviting them to join the activities would be more successful than asking them to do the activities directly; especially, the shy people who always feel awkward to meet the strangers or the people who have difficulty getting along with other people. There are several cases that the recipient starts to go out when the neighbors give full cooperation.

Moreover, if the recipient is assigned the duty in community, it might be expected that they would become energetic which could be then linked to their living; thus leading to a meaningful life.

(Example) => Human relations according to social regulation: p7203.322

- Try to participate in the elderly association's activities (every other week).
- Try to talk on the phone with friends and someone they know (approximately once a week, ask the support from the grandchild).
- Be a deputy head of the trash collection work of the local club's cleaning team (seasonal).

Conclusion

In order to achieve the goal of the activity, it is necessary to plan and select the resources to be used, in advance. If the family members are required to take care of the activity since the care manager thinks that it is the duty of the family, when the living problems occur, this activity will be dropped from their life goals. Therefore, as the recipient needs to mainly rely on the family, it is necessary to evaluate to truly understand the capability of providing help and support before assigning the care and activities.

Worksheet 4.1

Formal services (Please write down the list of services in Thailand.)

The security provided by the central government and local administration organization

.....

.....

Service for income security (provident fund, living protection)

.....

.....

Service for medical insurance (acute disease treatment, home service)

.....

.....

Health and welfare service (food delivery, transportation)

.....

.....

Service for human rights protection (to do the transaction as requested, to do the legal transaction)

.....

.....

Service for life protection and safety (security service)

.....

.....

The instructor gives recommendations, explanation and summary.



Care management interview techniques

Lesson 5: Care management interview techniques

Learning Objective:

- **General Objective**

In order that the participants have knowledge and understanding of the listening and communicating methods that help improve the communication skill, body gestures technique for understanding, assertion, and the assertion that is in form of human rights.

- **Specific Objective** **The participants are able to,**

1. Explain the listening and communicating methods that help improve the communication skill
2. Explain the body gestures technique for understanding and assertion,
3. Explain the assertion that is in form of human rights.

Target:

The participants have knowledge and understanding of the listening and communicating methods that help improve the communication skill, body gestures technique for understanding, assertion, and the assertion that is in form of human rights which are the fundamental knowledge of care manager. Also, the participants will be aware of being prepared to be a good care manager.

Subject:

- Listening and communicating methods that help improve the communication skill
- Body gestures technique for understanding, assertion, and the assertion that is in form of human rights

Period: Theory: 4 hours

Teaching Model / Method:

- Lecture
- Question and answer in large group

Activity / Process:

1. The instructor introduces the lesson starting with the listening and body gestures techniques. And explain the participants to understand the listening and communicating methods that help improve the communication skill, body gestures technique for understanding, assertion, and the assertion that is in form of human rights.

2. Divide the participants into groups as appropriateness. Ask them to discuss and practice the listening and communicating methods that help improve the communication skill, body gestures technique for understanding, assertion, and the assertion that is in form of human rights.

3. Jointly summarize the opinions of group members and present.

4. The instructor summarizes and gives comments.

Instruction Media / Material:

1. Care Manager Training Program Manual
2. Training material: presentation file, poster, pamphlet, newspaper's news

Recommendation for Instructor:

1. The instructor should prepare the news and information that relates to the communication techniques and body gestures presented via different media so that the participants are interested in learning and sharing their opinions.

2. The learning activity should focus on the participation and engagement of all participants.

Assessment:

1. Observe the participation in group discussion.
2. Observe the participation in group activities.
3. Assess from questioning and answering.

Knowledge Sheet 5.1

Listening and communicating methods that helps improve the communication skill

Interviewing technique in care management system

The care management system considers and invents the solution by mainly communicating with the care recipient and family including several experts who are classified as the social resources. Therefore, please understand that the difference in communication skills leads to the difference in care management capabilities.

Listening and communicating methods that helps improve the communication skill

Communication

- The principle of communication is that both persons mutually try to understand what they do not understand.
- If you do not express the opinions or feelings, the other persons would not be able to understand you.
- When you want to tell anything, you must use the words that the interlocutor who you are talking with can understand.
- You think and you feel the way you do, your interlocutor also thinks and feels their way.

Two-way communication (the listening and speaking are the gesture that requires every body parts)

(1) Verbal Communication

(2) Non-verbal Communication

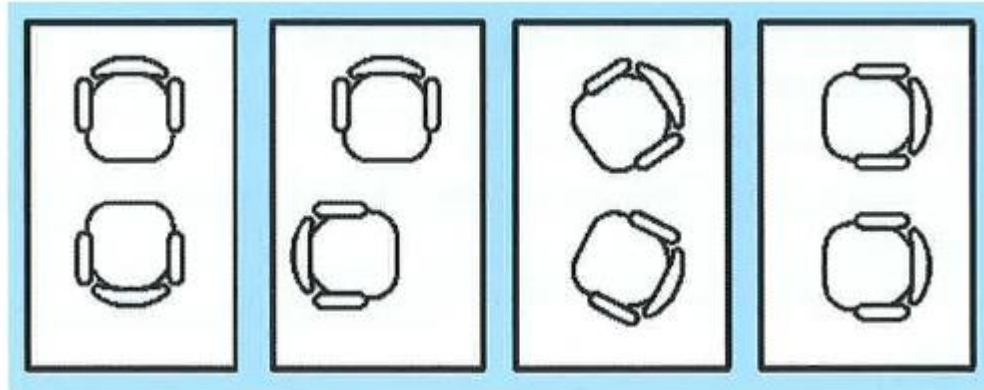
- The movement of face, neck and eyes
- The movement of the parts of upper body (hands/ arms/ sign language/ posture)
- The movement of the parts of lower body (body movement, sitting or standing position, legs)
- Paralanguage (accent, voice volume, speed, rhythm, voice pitch)
- Silence, touch

The correlation of sitting or standing positions in communication

The correlation of the sitting position in the interview is an important factor that pushes the communication forward.

How should we arrange the seating?

The correlation of sitting positions



Listening ability (What is listening?)

“Listening” – 3 types: It should be kept in mind that the interlocutor is the key person.

Listening – No. 1: Words travel to the ears in the form of sound.

Listening – No. 2: Want to hear only what the listener would know to know which would be the voice or story, etc.

Listening – No. 3: Try to understand what the interlocutor would like to express.

Pay attention to what the interlocutor would like to say. Listen to the speaker's feelings and emotions with the full effort.

Listening is...

- Carefully listen to receive the detailed expression.
- Seriously listen to receive the main statement.
- Listen to “what the interlocutor would like to express” not “the listener would like to hear”.

Changes in the interlocutor if we attentively listen to them

(1) It could be assured that the listener is accepted by the interlocutor.

(2) It could be assured that the words they express are valuable.

(3) It could be assured that their identity is valuable.

(4) You can correctly understand your ‘current’ status.

=> A trusting relationship and intimate feeling => leads to intimacy.

Other techniques

- Pacing => Adapt yourself to match the speaking speed and gestures of the interlocutor.
- Mirroring => Adapt yourself to match the facial expression, gestures and behaviors of the interlocutor.

“The listener condition” (Carl Ransom Rogers, 1902-1987)

Service user-centered therapy

- (1) Acceptance (the recipient is seen with unconditional positive regard)

Be open-minded for the current expression, feelings, and way of thinking of the interlocutor without rejection or judgment.

- (2) Empathy

Try to understand the true feeling of the interlocutor. Put yourself in their shoes.

- (3) Genuineness

Take any action honestly according to “what you feel from the interlocutor” and “the feeling” happens in you which are developed during the conversation.

Five gestures in communication (The analysis of gestures by Elias Hull Porter)

- (1) Evaluative gesture

This is the instructive gesture that is expressed to judge the interlocutor’s words and emotions whether it is “correct”, “wrong”, “good”, or “bad”.

- (2) Interpretative gesture

This is the gesture that shows you are superior to the interlocutor with the explanation of the “relation between cause and effect”, explain the reason and background of the situation or condition, etc.

- (3) Inspection gesture

This is the deliberative gesture which is similar to the interrogation by asking information from the interlocutor with the statement “please help explain”, etc.

- (4) Supportive gesture

This is the gesture that “tries to calm the interlocutor down” in order to relieve their worries, hesitation, or fear. This is used to express sympathy. However, on the other hand, it would become the “harnessing” gesture that is expressed to persuade the interlocutor to agree with you.

- (5) Confirmation gesture

This is the gesture that is expressed to “confirm the correctness” whether you understand the emotion, viewpoint, and way of thinking of the interlocutor correctly or not.

Knowledge Sheet 5.2

Body gestures technique for understanding

- (1) Listen to the speaker honestly. Nod your head while listening. Do not express any gesture showing rejection, acceptance or sympathy.
- (2) Repeat the story that the interlocutor has just hold by following the exact words and contents said.
- (3) Clearly analyze the emotion of the interlocutor. In responding, you should analyze the emotion and feeling hidden in their words and clearly express it with your own words.

Summary: Arrange the main concept from the conversation and relay it back to the interlocutor.

3 ways to express the thoughts

- Aggressive expression – To express your idea and feeling without the consideration of the other person's feelings. "I am OK, you are not OK".
- Non-egoistic expression – To express your idea and feeling by giving importance to the interlocutor as the first priority. "You are OK, I am not OK".
- Appropriate expression – To express your idea and feeling while thinking of yourself and the other person's feelings at the same time. "I am OK, you are OK".

Assertion

- To sincerely express the opinions, thoughts and feelings that is appropriate to the occasion with the consideration of the relationship between yourself and the interlocutor.
- Even in a situation that you need to suppress the feeling expression, you should control yourself to not express the aggressive gestures.
- Give the importance to your individuality and accept the difference of the other people.
- If you behave like this, you will be able to make friends with the other persons, happily.

It is linked to good interpersonal relationship.

Assertion in a form of human rights

- The right to be respected and valued by other people.
- The right to define your action and be responsible for its result.
- The right to be responsible for the mistakes as everyone could make the errors.
- The right not to be egoistic. The statement “you can be egoistic” does not mean that you “have to be egoistic”. You can choose not to adhere to your ego if you see that it is not beneficial to yourself. The important thing is you are the one who decides not to be egoistic with your own responsibility. You must not blame the other persons and be responsible for the effect.



**Search for target people
who need help and
recognition of situations**

Lesson 6: Search for target people who need help and recognition of situations

Learning Objective:

- **General Objective**

In order that the participants have knowledge and understanding of the search for target people who need help, the screening for special characteristics of the target people, and the urgency level to operate the care management program.

- **Specific Objective** **The participants are able to,**

1. Explain the search for target people who needs help.
2. Explain the screening for special characteristics of the target people.
3. Explain the urgency level to operate the care management program.

Target:

The participants have knowledge and understanding of the search for target people who need help, the screening for special characteristics of the target people, and the urgency level to operate the care management program which are the fundamental knowledge of the care manager. Also, the participants will be aware of searching for the persons who truly need help and support and will be able to provide assistance according to the level of urgency and importance.

Subject:

- The search for target people who need help and recognition of situations
- The screening for special characteristics of the target people and the urgency level to operate the care management program

Period: Theory: 2 hours

Teaching Model / Method:

- Lecture
- Question and answer in large group

Activity / Process:

1. The instructor introduces the lesson starting with questions relating to the search for target people, searching technique, screening for special characteristics of the target people, and classification of the urgency level for the operation of care management. And explain the participants to understand the topics.

2. Divide the participants into groups as appropriateness. Ask them to discuss and practice the searching technique, screening for special characteristics of the target people, and classification of the urgency level for the operation of care management.

3. Jointly summarize the opinions of group members and present.

4. The instructor summarizes and gives comments.

Instruction Media / Material:

1. Care Manager Training Program Manual
2. Training material: presentation file, poster, pamphlet, newspaper's news

Recommendation for Instructor:

1. The instructor should prepare the news and information that relates to the searching technique, screening for special characteristics of the target people, and classification of the urgency level for the operation of care management in several forms so that the participants are interested in learning and sharing their opinions.

2. The learning activity should focus on the participation and engagement of all participants.

Assessment:

1. Observe the participation in group discussion.
2. Observe the participation in group activities.
3. Assess from questioning and answering.

Knowledge Sheet 6.1

Search for target people who need help and recognition of situations

How can we find the recipient?

In fact, the people living in the community always know and feel when they confront the obstacle that affects their living; however, no one expresses the feeling to other persons around. Many countries would face this similar problem.

The practical ways to find the recipient are:

- Direct request from the persons who need to use the services or family
- Recommendation from hospital
- Request from the administrative organization
- Report from the volunteers in the community
- Report from neighbors or people in the community

For Thailand, it could be said that the people living in the same community have a very close relationship.

Thus, the first recommended step is to announce that there is a care manager who will assist the persons who are in need.

However, this step might take a lot of time. For example, in Japan, when the government had first launched the care insurance system, although there were several kinds of public relations nationwide, it actually took almost 10 years and it has not yet covered 100% of the total population.

Therefore, we should remember the sample case of Japan's situation saying that public relations should be gradually done, not in a rush.

Please share your idea to raise the awareness of the existence of the care manager.

Knowledge Sheet 6.2

Screening for the special characteristics of the target people

Screening for the special characteristics of the target people

In this topic, we are going to show you the characteristics of the people who really need help

- Have physical, mental and social difficulties.
- Always visit the hospital.
- Cannot control the health.
- Need to be considered and delivered to stay in the welfare service facility.
- Do not have family members to support.
- Be a heavy burden to the family.
- Cannot control the financial operation and submit any request.
- Need someone to be a representative.

Most of the recipients who need the services from the care management system cannot appropriately use the services if the care manager does not support and help.

At first, we have to find the individuals with characteristics similar to the target who needs help and consider if they are qualified to deserve the services of care management or not.

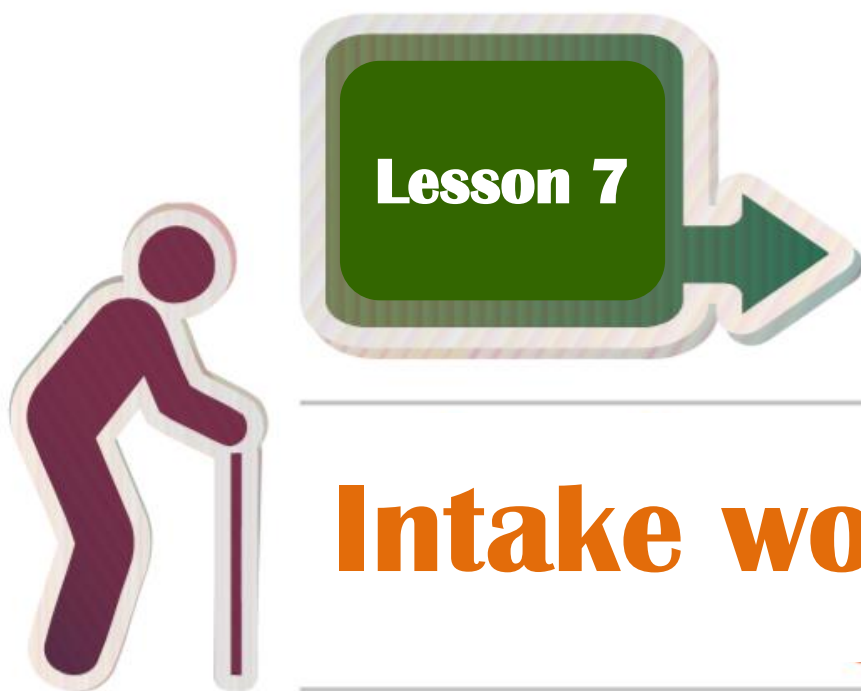
The next step is to check.

Urgency level in providing the recipient with care management program

- RED Code: A person with malnutrition or declining ADL and lives alone without an assistant. If urgent help is not provided, it would lead to death as they are in a life-threatening condition.

- YELLOW Code: A person who is in a condition that would not be able to live their life if not getting help, although the current situation is not yet risky to life.

- BLUE Code: A person who is in a condition that the help is yet not necessary, although having some living problems. However, regular monitor and follow-up are required.



Lesson 7

Intake work

Lesson 7: Intake work

Learning Objective:

- **General Objective**

In order that the participants have knowledge and understanding of the acceptance, request application, data collection, recognition of the situation (intake work) in reality, interviewing, and note-taking techniques.

- **Specific Objective** **The participants are able to,**

1. Explain the acceptance, request application, and data collection.
2. Explain the recognition of the situation (intake work) in reality.
3. Explain the interviewing and note-taking techniques.

Target:

The participants have knowledge and understanding of the acceptance, request application, data collection, recognition of the situation (intake work) in reality, interviewing, and note-taking techniques which are important for care planning as it helps to provide the proper care that matches the true needs of the elderly and family.

Subject:

1. The acceptance, request application, and data collection.
2. Intake work in reality and interviewing and note-taking techniques.

Period : Theory: 1 hour

Teaching Model / Method:

- Lecture
- Question and answer in large group
- Practice taking note according to the truth
- Practice using the interviewing and note-taking techniques

Activity / Process:

1. The instructor introduces the lesson starting with questions on the methods of receiving and acquiring the information of the recipient. And explain the participants to understand the acceptance, request application, data collection, recognition of the situation (intake work) in reality, interviewing and note-taking techniques

2. Divide the participants into groups as appropriateness. Ask them to discuss and practice taking notes according to the truth and using the interviewing and note-taking techniques.

3. Jointly summarize the opinions of group members and present.

4. The instructor summarizes and gives comments.

Instruction Media / Material:

1. Care Manager Training Program Manual
2. Training material: presentation file, poster, pamphlet, newspaper's news
3. Others

Recommendation for Instructor:

1. The instructor should prepare the news and information that relates to note-taking methods in the real situation and interviewing and note-taking techniques so that the participants are interested in learning and sharing their opinions.

2. The learning activity should focus on the participation and engagement of all participants.

Assessment:

1. Observe the participation in group discussion.
2. Observe the participation in group activities.
3. Assess from questioning and answering.

Knowledge Sheet 7.1

Intake work

Accepting and submitting the request, and collecting information

(1) Who is the first informer?

In almost every case, the first informer is not a service user. In case you receive the request told that the person is in the most trouble, you should be careful and do not jump to the conclusion too soon.

(2) Precautions when receiving the telephone consultation

Attentively listen and keep in mind that you cannot solve the problems through the telephone consultation. You should think and consider how to deal with the situation that the counselee with some worries talks to you over the phone and their expectation.

(3) Important concerns in case that a middle person asks for advice

It is necessary to check the relationship between the middle person and service user and check how that person is recommended to consult with you.

(4) The first appointment for a home visit

Check if there is any resistance to your visit. Adjust the schedule as appropriate; however, do not leave the case too long.

(5) Check the correctness of the information.

Name, address, contact information

In case you need to check the place to visit, do not ask too many details.

*Record in the contact form. The followings are the samples of note-taking.

Friday, 1 March 2013, 14.30

Someone called and told me that a neighbor is in trouble. So I called the person living in that home and explained about the first home visit and made an appointment.

Monday, 4 March 2013, 16.10 - 16.45

I received a call from Ms. Tomoko. She said that she would like me to be the care manager. She said that she has got the information about this facility from Mr. Ishihara, an MSW officer at the National Health Rehabilitation Hospital. I then asked her the reason that made her need help. She explained “I was so shocked when my husband became unexpectedly sick and I did not know how to do as he is going to be discharged from the hospital, please help me manage. What makes me feel impressed is that Ms. Tomoko had a good consciousness while telling me the story from the beginning to the end. She had agreed and allowed me to visit her home on Thursday, 7 March 2013 at 10.00. I have noted the information and her contact information in the service user account.

Knowledge Sheet 7.2

Intake work in reality

Intake work in reality

Precautions for the first interview

- (1) Begin with the establishment of the relation structure of the help provision

Who you are going to interview?

The care receiver, family members living together, family members living elsewhere, neighbors, community volunteers

- (2) Listen to the request for help as the main point.

What are their troubles?

Ask about the things and living activities that they cannot do, at the present, due to the effect of the physical or surroundings conditions.

- (3) Identify the main problem by focusing on the care receiver.

Do the temporary assessment.

Which level of service do they need?

- (4) Conduct the necessary transaction according to the management standard.

Explain the details of a contract, important issues and descriptions, and personal information.

- (5) Needs of the care receiver and coordinator with relevant organizations

Check the capability of the care provision that is relevant to the care receiver. Try to list the available relevant organizations for further consideration.

*Take notes in the interview record form.

Note-taking example

Thursday, 7 March 2013, 10.00-11.00

I visited Ms. Tomoko's home and talked with the care receiver and Ms. Tomoko to receive the information and request for help. I asked about the basic conditions which are sickness history, lifestyle, etc. As I have been suggested by the MSW officer that this case should apply for a certificate of being the disabled person, I brought the necessary document and explained them. After that, I explained the care services with the use of documents as well as home care services. Then, I informed them that I will help them manage their living at home. When they clearly understand, I showed them a contract and explain its details. After their approval, I asked for signing and gave them a copy as evidence.

Worksheet 7.1

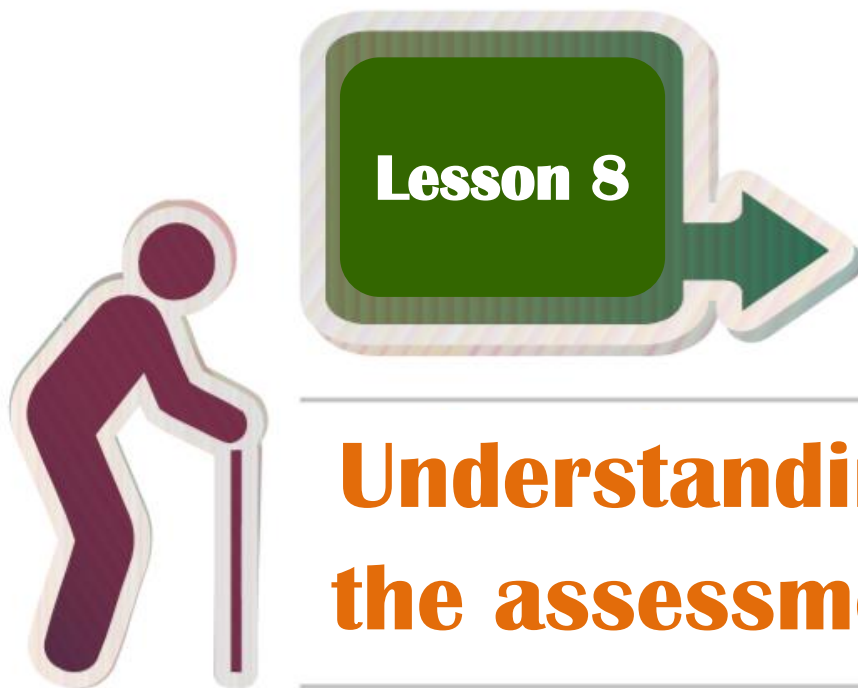
Instruction

1. The participants are divided into groups as appropriate (should not over than 6-10 persons). Ask them to consider the sample cases/ role-play activities regarding the issues of acceptance, request application, data collection, recognition of the situation (intake work) in reality, interviewing and note-taking techniques. The group selects a presenter.

2. Each participant shares the opinion regarding the issues of acceptance, request application, data collection, recognition of the situation (intake work) in reality, interviewing and note-taking techniques to other group members. Every group member discusses and gives comments.

3. The instructor gives recommendations, explanation and summary.

[illegible]



Understanding of the assessment

Lesson 8: Understanding of the assessment

Learning Objective:

- **General Objective**

In order that the participants have knowledge and understanding of the meaning and purpose of the assessment, the issues that care manager assesses, and precautions of the assessment.

- **Specific Objective** **The participants are able to,**

1. Explain the meaning and purpose of the assessment.
2. Explain the issues that the care manager assesses.
3. Explain the precautions of the assessment.

Target:

The participants have knowledge and understanding of the meaning and purpose of the assessment, the issues that care manager assesses, and precautions of the assessment in order to gain the fact and correct information that are necessary for developing an elderly care plan which would match the real needs of the elderly and family.

Subject:

- Meaning and purpose of the assessment
- Issues that care manager assesses
- Precautions of the assessment

Period: Theory: 2 hours

Teaching Model / Method:

- Lecture
- Practice taking note according to the truth
- Practice using the interviewing and note-taking techniques
- Question and answer: Individual and Group

Activity / Process:

1. The instructor introduces the lesson starting with questions on the elderly assessment techniques for care provision such as ADL assessment. And explain the participants to understand the meaning and purpose of the assessment, the issues that care manager assesses, and precautions of the assessment.

2. Divide the participants into groups as appropriateness. Ask them to discuss and practice the assessment according to the process.

3. Ask each participant to practice and present individually.

4. Jointly summarize the opinions of group members and give comments.

5. The instructor summarizes and gives comments.

Instruction Media / Material:

1. Care Manager Training Program Manual
2. Training material: presentation file, poster, pamphlet, newspaper's news
3. Others

Recommendation for Instructor:

1. The instructor should prepare the assessment forms and present the examples of the elderly in each group classified by the use of assessment criteria so that the participants are interested in learning and sharing their opinions.

2. The learning activity should focus on the participation and engagement of all participants.

Assessment:

1. Observe the participation in group discussion.
2. Observe the participation in group activities.
3. Assess from questioning and answering: Individual and Group.

Knowledge Sheet 8.1

Understanding of the care management assessment

Meaning and purpose of the assessment

Assessment procedures

- (1) Collect the information (the fact seen from the social viewpoint, the fact seen from your viewpoint).
- (2) Analyze the problems based on the information collected.
- (3) Comprehensively consider and think of the way to help the care receiver. And identify the overall problems.

Issues that care manager assesses

The assessment process is not the activity that a care manager can do it alone. In fact, it is a task that also requires a consensus from the care receiver.

Moreover, you must understand that the assessment must be done following the steps and needs the consensus of the following.

- (1) Consensus about the major symptoms that the patient informs a doctor.
- (2) Consensus about the problems that are obviously seen.
- (3) Consensus about the hidden problems.
- (4) Consensus about the issues that relate to the living.
- (5) Consensus about life goals.

Precautions of the assessment

(1) Try to make a clear understanding of the problems and their reasons. The care receiver's problems are not caused by only one reason. Most of the bad environment is always caused by several factors that are related to each other. Thus, at first, it is necessary to consider and explore the starting point that will lead to problems. One method is to try to really understand the surroundings and environment.

(2) Connect all possible assistance with the aim that the care receiver can live their life independently. The main concept is to think of how to provide them help so that they can live their life independently with their dignity.

(3) Aim to help to make the care receiver has a better living and more useful role. Before being in this condition, many care receivers used to have a complete life and many of them may lose their social roles; therefore, the care manager should think of this point and imagine how to make the life better and how to do for the benefits to society.

(4) Encourage and improve the capability of living by considering both activities that the care receiver can do and cannot do. Then, try to improve their ability in doing the activities that they can do and think of how to make them are capable of doing the activities that they cannot do. For example, they might be able to do the activity if they have a helping tool.

(5) Reduce risks in living. The care receiver always feels that there are a lot of risks and dangers in life every day. Therefore, the care manager should check if there is any factor that could cause the accident. If the cause is found, it is needed to find the solution to reduce the risks as much as possible. The risk factor should be considered.

Risk factor = the severity of damage x frequency of possible accident

Try to change it to the figures

(1) Risk factors to fall: broken thigh bone x about 5 - 7 times/ day

(2) Risk of swallowing disorder: death from suffocation x 100 times/ day

This shows that the risk of swallowing disorder is at a high level.

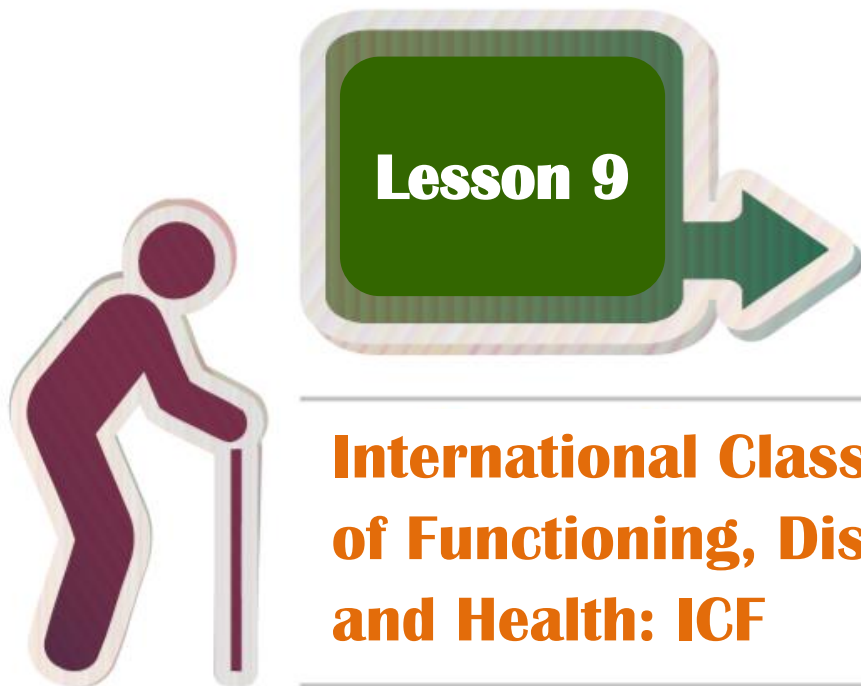
Worksheet 8.1

Instruction

1. The participants are divided into groups as appropriate (should not over than 6-10 persons). Ask them to discuss the meaning of assessment, the issues that care manager assesses, and precautions of the assessment. The group selects a presenter.

2. The instructor gives recommendations, explanation and summary.

[illegible]



**International Classification
of Functioning, Disabilities
and Health: ICF**

Lesson 9: International Classification of Functioning, Disabilities and Health: ICF

Learning Objective:

- **General Objective**

In order that the participants have knowledge and understanding of the history and key words to understand ICF, comparison of ICD and ICF, concept of multi-functioning, and interaction of ICF components.

- **Specific Objective** **The participants are able to,**

1. Describe the history of ICF.
2. Explain the key words to understand ICF.
3. Explain the comparison of ICD and ICF.
4. Describe the concept of multi-functioning.
5. Explain the interaction of ICF components.

Target:

The participants have knowledge and understanding of the history and importance of the ICD and ICF in order to gain the information and fact for developing an elderly care plan which would match the real needs of the elderly and family.

Subject:

- History
- Key words to understand ICF
- Comparison of ICD and ICF
- Concept of multi-functioning
- Interaction of ICF components

Period: Theory: 4 hours

Teaching Model / Method:

- Lecture and discussion
- Practice: Individual and Group
- Question and answer: Individual and group

Activity / Process:

1. The instructor introduces the lesson starting with questions about the tools in assessing and screening the elderly or disabled persons to provide help. Then, give a lecture on the history, key words to understand ICF, comparison of ICD and ICF, concept of multi-functioning, and interaction of ICF components.

2. Divide the participants into groups as appropriateness to discuss and practice following the process.

3. Ask each participant to practice and present individually.

4. Jointly summarize the opinions of group members and gives comments.

4. The instructor summarizes and gives comments.

Instruction Media / Material:

- Care Manager Training Program Manual
- Training material: presentation file, poster, pamphlet, newspaper's news
- Others

Recommendation for Instructor:

1. The instructor should prepare the assessment forms and case studies that relates to the use of ICD and ICF so that the participants are interested in learning and sharing their opinions.

2. The learning activity should focus on the participation and engagement of all participants.

Assessment:

1. Observe the participation in group discussion.

2. Observe the participation in group activities.

3. Assess from questioning and answering: Individual and Group.

Knowledge Sheet 9.1

International Classification of Functioning, Disabilities and Health: ICF

History of ICF

ICF has been firstly created since the consideration of the World Health Organization (WHO) in classifying the disabilities in the century of 1970. Later, during the ninth revision in 1980 of the International Classification of Diseases (ICD), the International Classification of Impairment, Disabilities, and Handicaps (ICIDH) has been officially announced.

After that, it has been revised due to the necessity and the final endorsement of its 54th revision has been approved in May 2001 which has been entitled “International Classification of Functioning Disabilities and Health (ICF)”.

ICF description

The International Classification of Functioning, Disabilities and Health (ICF) is a classification of physical functioning, disabilities and health which has been endorsed by World Health Assembly in May 2001. The ICF categorizes the physical functioning in living and disabilities which include the “physical and mental functioning”, “body structure”, and “environmental factors” into 1,500 classifications.

Key words to understand ICF

The Classification of Functioning, Disabilities and Health

The ICF classifies the functioning in living and disabilities with the use of codes that comprises the letters and figures.

The ICF consists of over 1,500 codes describing the characteristics in 3 dimensions which are “physical and mental functioning/body structure”, “activities”, and “participation” including the factors having the impacts such as “environmental factors”, etc.

(Website: Ministry of Public Health, Labor and Welfare of Japan)

ICD

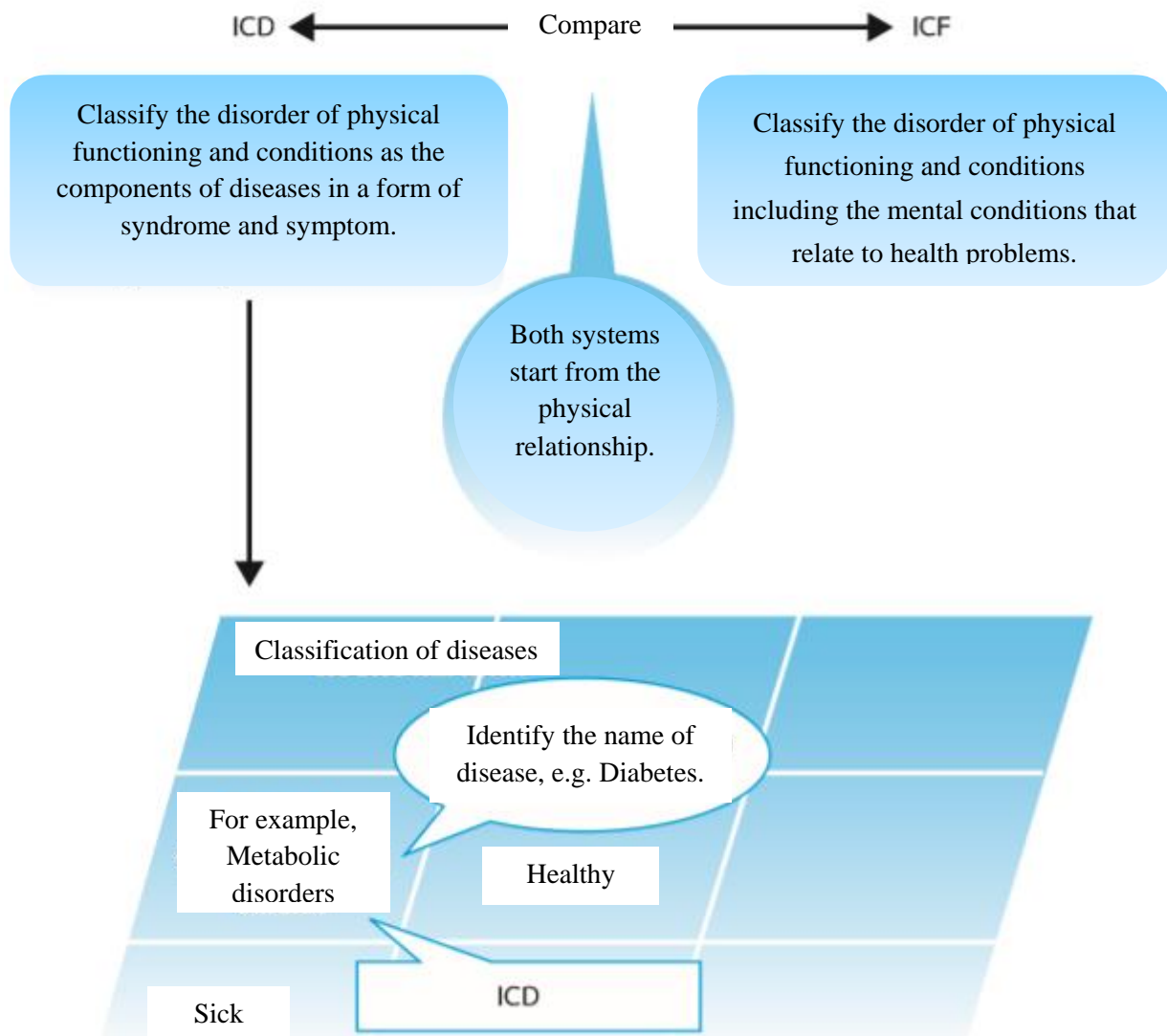
- The International Statistical Classification of Diseases and Related Health Problems or ICD is the classification system that has been established by WHO (The International Classification of diseases).
- This classification has been revised several times. The current ICD-10 that is applied nowadays is the latest version which has been endorsed at the 43rd World Health Assembly in 1990.
- Japan has used the ICD-10 as the principle to develop the “classification of diseases, injuries, and causes of death” for the compile of statistics and control of the diagnosis record.

Knowledge Sheet 9.2

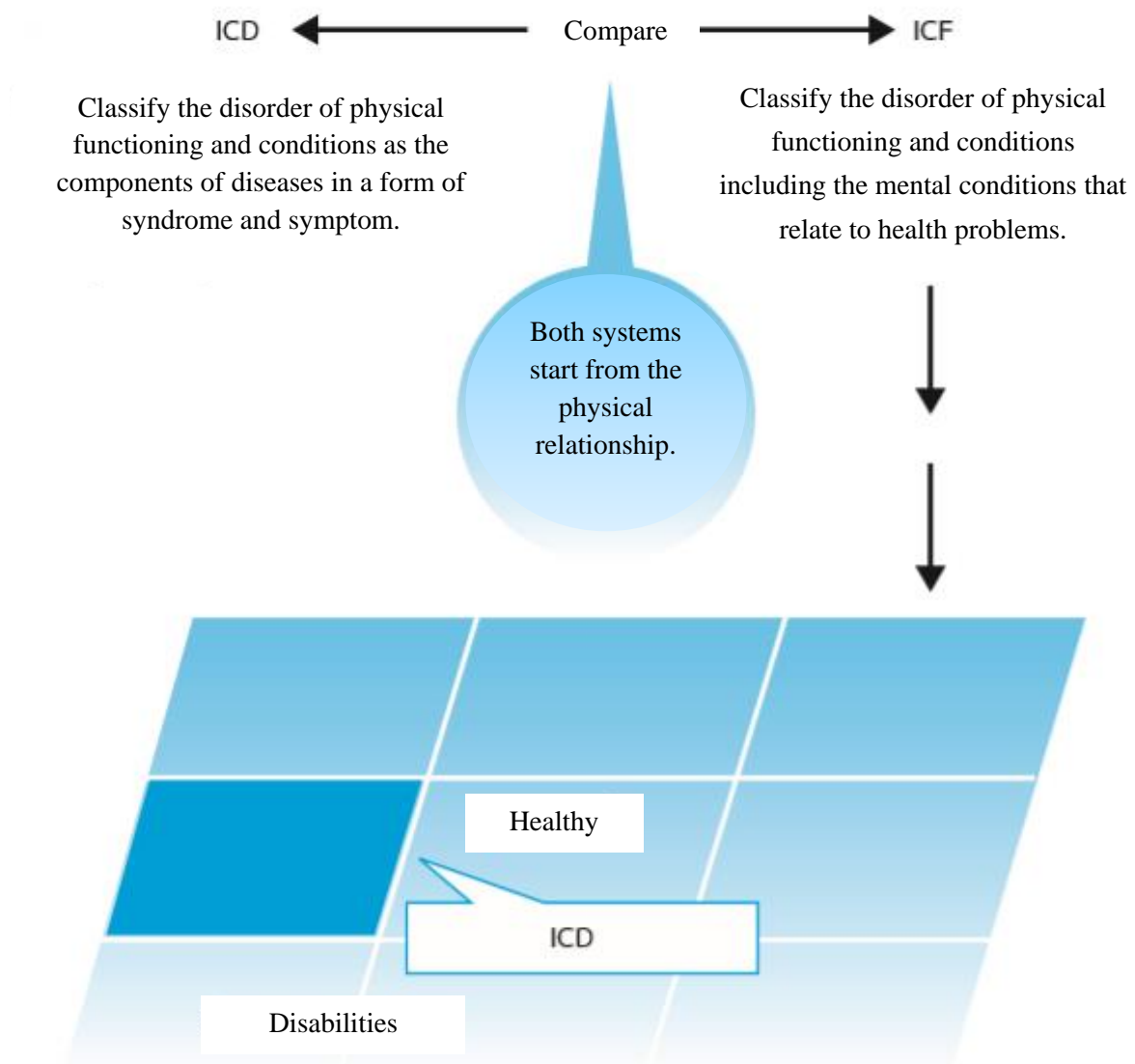
Comparison of ICD and ICF

ICD and ICF are the classifications that relate to the body and malfunctioning (including the structural malfunction) which relates to physical functioning and structure. Generally, it is classified as a part of the “disease process” which is used with the ICD. The difference is that, in the ICD, the physical malfunctioning and conditions are classified as a part of the components of the “diseases in the form of “syndrome and symptoms” which sometimes can be applied as a reason to receive the case in providing the health services. Whereas, the ICF system is applied in the cases that have the physical and brain malfunctioning which is directly related to the health problems.

Comparison of ICD and ICF



Comparison of ICD and ICF

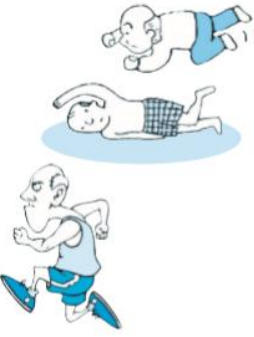



Advantages of ICF

The ICF system promotes and helps disabled people/ patients including their family members and officers in a variety of professional fields such as health care/ medical treatment/ welfare to have a mutual understanding of the disabilities or symptoms.

This system can recommend the practical concept, planning approach, assessment, record of services, service facilities, and the facilities that provide services to people with disabilities or people with disorders.

This system can recommend the standard framework for considering the comparison of the surveys and statistics relating to disabled persons.

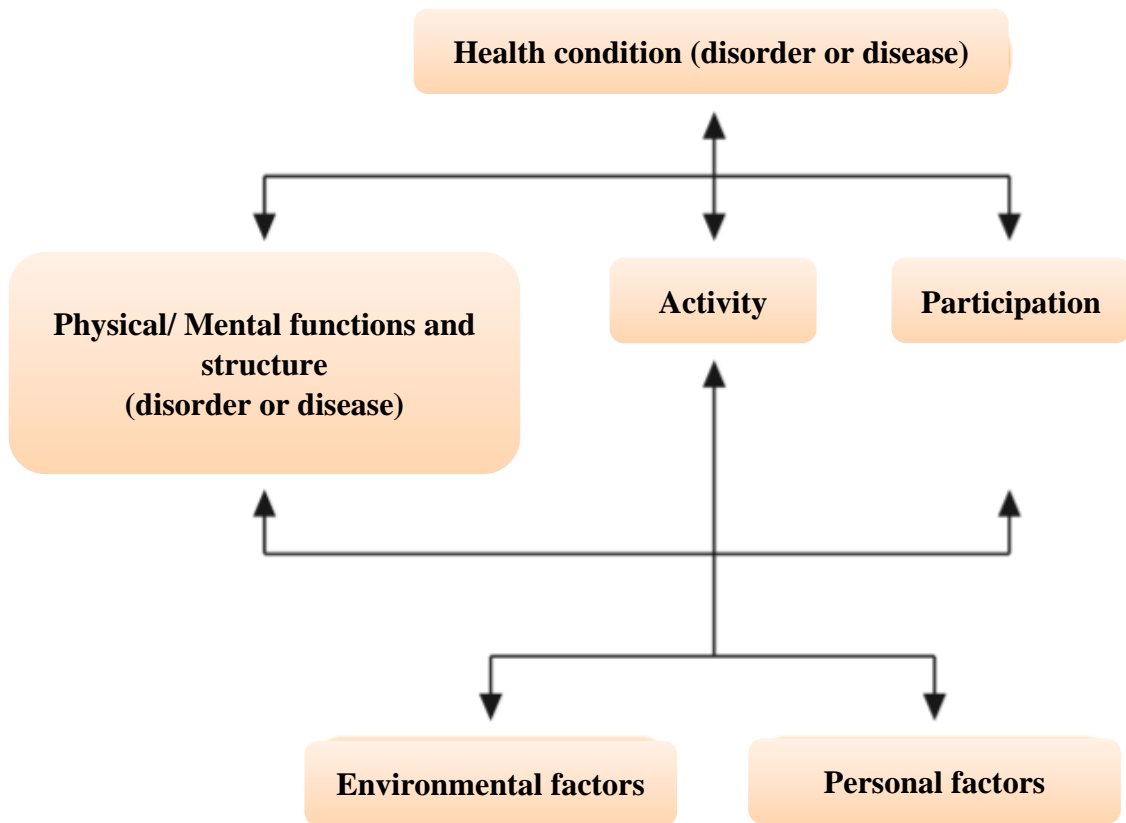
	0: Not difficulty	1: Minimal difficulty	2: Moderate difficulty	3: Much difficulty	4: Extreme difficulty	5: Unclear details	6: Not within the scope
Disability rate in percentage	0 - 4%	5 - 24%	25 - 49%	90 - 95%	96 - 100%		
Briefly picture	Not difficult, No difficulty, can be overlooked	Minimal Low level	Quite moderate	High level Advance level	Extremely difficult	In case that is unable to diagnose	Not within the scope
 Movements	0	1	2	3	4	5	
 Crawling movement	0	1	2	3	4	5	

Knowledge Sheet 9.3

Key words to understand ICF (1)

Functioning

Interaction of ICF components



This chart shows the body functioning of a person who is living in the first room which is the interaction or complex relationship between health conditions and background factors (environmental factors and personal factors).



Health

- Have sickness (disease), physical disorder, in abnormality, injury, etc.
- Name of disease, health conditions that cause the disorder
- Admission to the medical institutes, nursing care service facilities, etc., admission date
- Symptoms, disabilities, the date that symptoms appear



Physical/ Mental functions and structure

- Physical functions are the physiological functions of body systems (including the mental functions).
- Physical and mental structures are the anatomical components of the body which include the organs, arms, legs and other body parts.
- Problem is a disorder or loss of capability of physical and mental function or components of body structures.
- Functions, arms and legs disabilities, mentality, organs of seeing, hearing, and sensing.
- Focus on the parts that tend to be negative, the parts with disabilities, the parts that tend to be positive, including the normal parts.



Activity

- The activity is the execution of a task or action by an individual which could be done at the mental level.
- Show ADL and IALDL which are the body functions of daily activities in the picture with the details as much as possible.
- ADL: turning the body from side to side (in lying position), lifting the body, standing up, moving by using vehicle/ walking, changing clothes, taking a shower, toileting.
- IALDL: cooking, cleaning, going to the market, controlling the financial matter, controlling drug use.



Participation

- Living, community and social life
- Living in the previous days before having the diseases or disabilities
- Roles in family, community, and workplace
- Lifestyle, hobby, the main inspiration that indicates the goals in living life



Environmental factors

- The material and social environment in living
- Factors that are assembled to be the environmental structure according to the social behaviors
- Family structure, care nursing system
- Social resources, utilization of the social security system
- Living surroundings, special characteristics of the local community, transportation



Personal factors

- Background of life and lifestyle which are the individual's uniqueness
- Health and personal special characteristics apart from health
- Gender, race, age, religion, lifestyle, tradition, birth and growth record, education background, occupation, life experience, behavior patterns, traits, hobby, taste, life value

Three-tier structure of the functions of living

Level of
life



d350: Conversation - is the use of languages in different ways such as spoken language (pronounce), writing language, symbols, etc., to give opinions or share ideas and to talk until the end of the conversation.

Participation

Level of
living



d330: Speaking - is to convey the meaning through the words or connotations apart from word with the use of spoken language (pronounce) to produce words, phrases or sentences.

Activity

Level of
lifespan



b310: Physical/ Mental functions and structure

The functions in producing the different sounds according to the traveling of the airs flowing through the pronouncing mechanism via the throat.

S340:
Structure
of throat

Physical/ Mental
functions and
structure

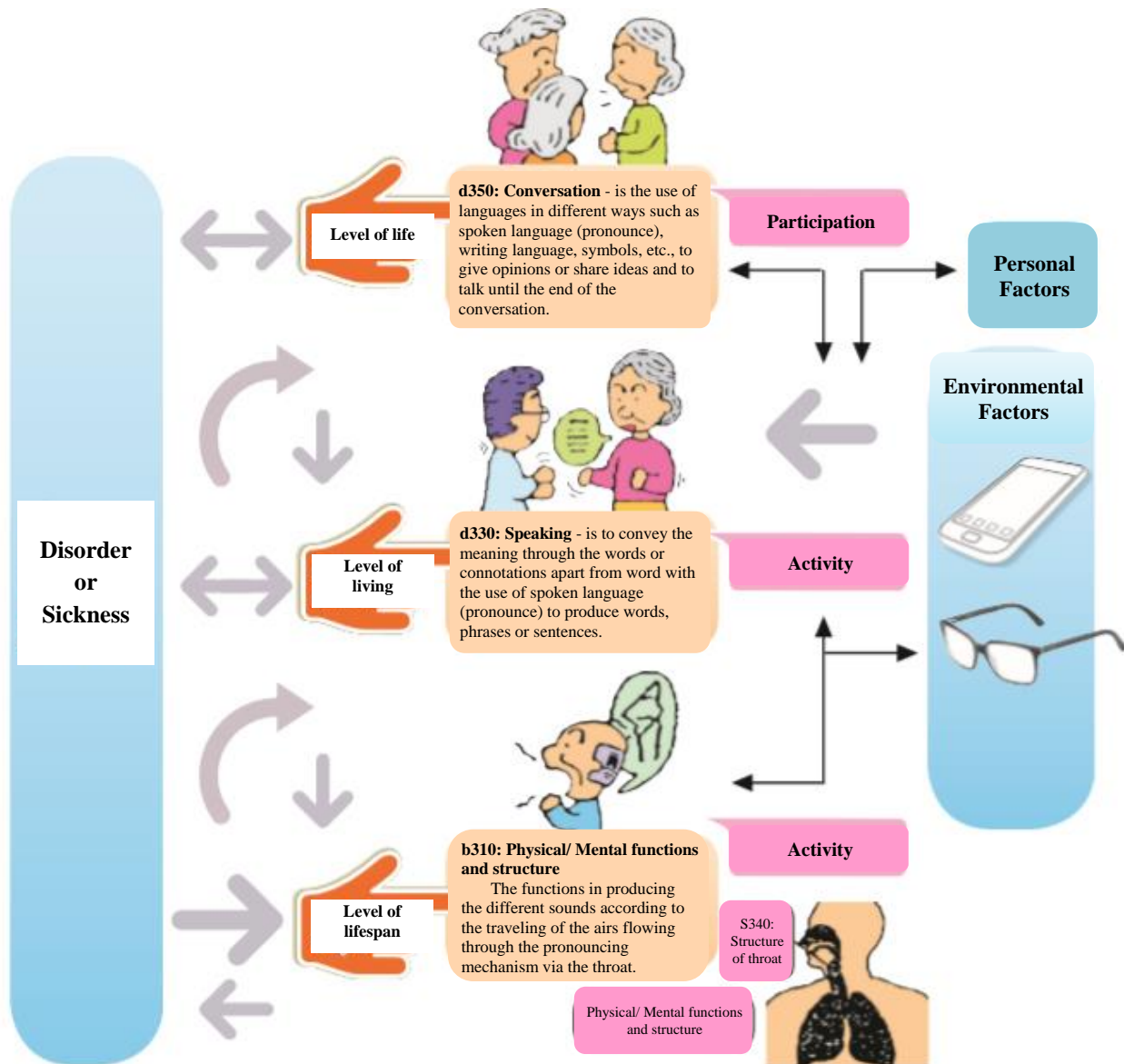


Activity

Knowledge Sheet 9.4

Interaction between the ICF structure factors

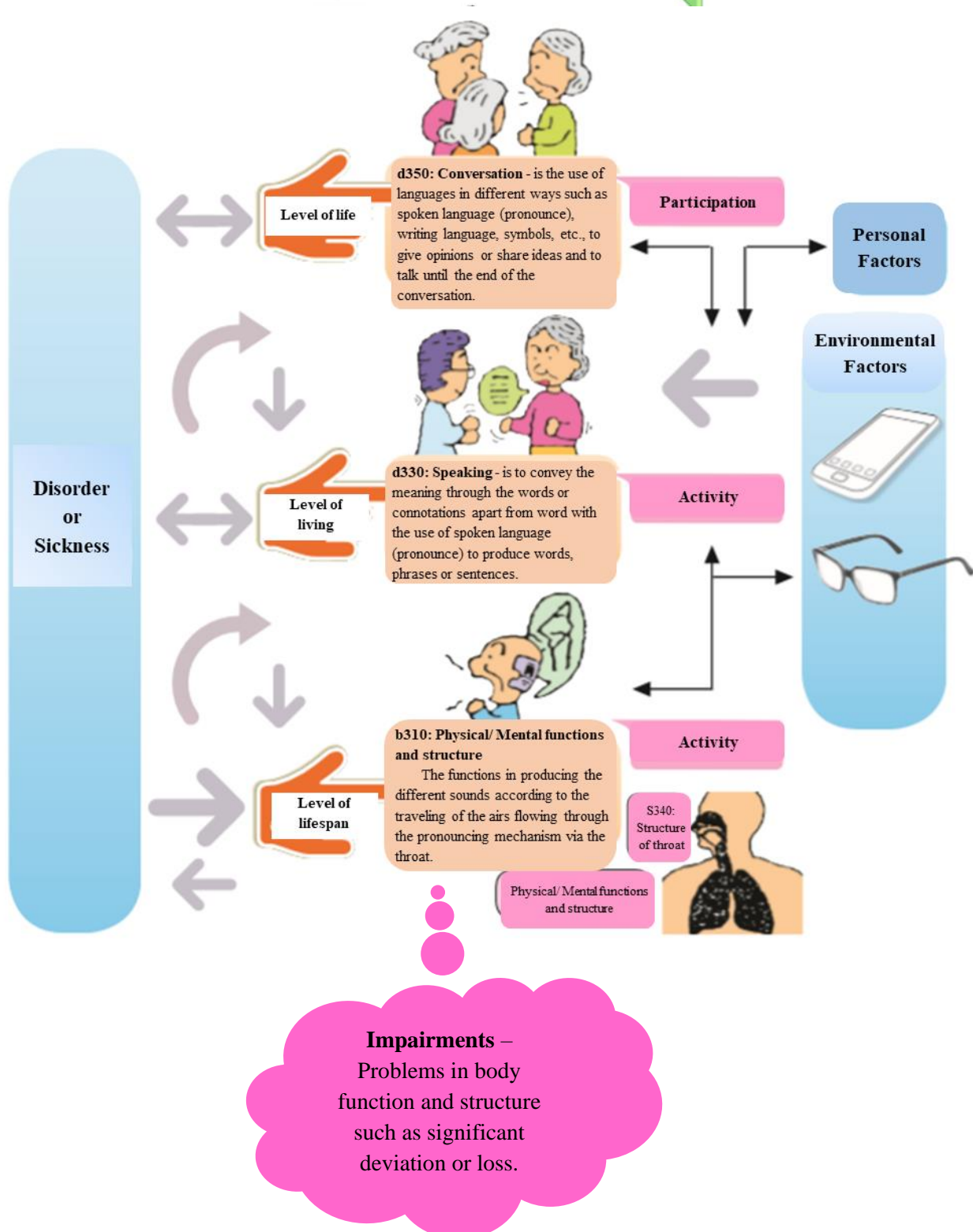
It could be said that the physical and mental functions in living and the disabilities are the interactions between health (sickness <being sick>, disorders, injuries, wound, sore, etc.) and environmental factors.

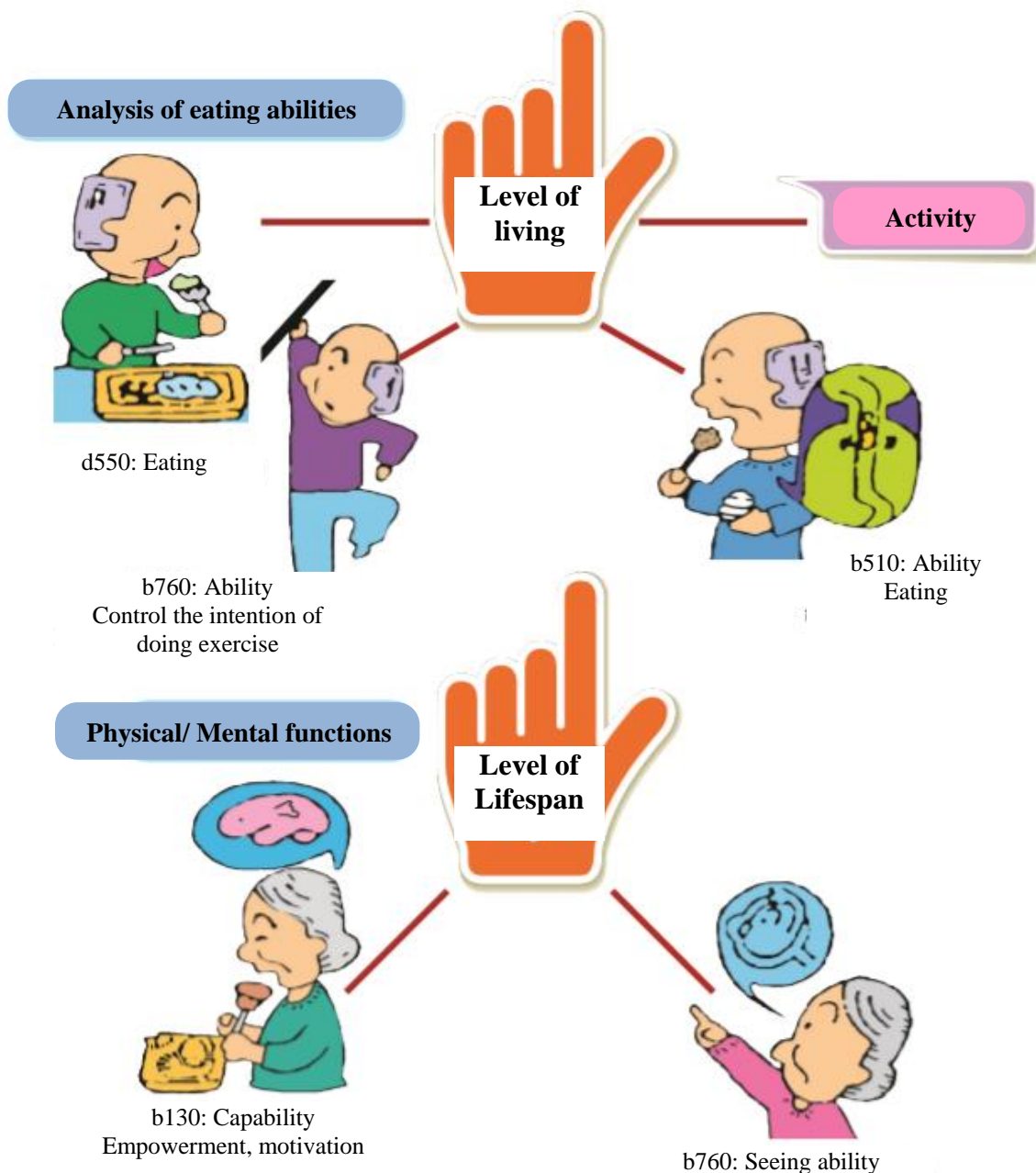


Impairments, Activity limitations, Participation restrictions

Activity limitations
– Difficulties an individual may have in executing activities.

Participation restriction – Problems an individual may experience in involvement in life situations.





3 suggestions for the preventive plan for the care provision at a middle level

Suggestion 1: Concept of the multifunctioning

(1) The functions standard criteria that are necessary and change due to the environment

(2) Use the ICF concept (the physical and mental functions in daily life)

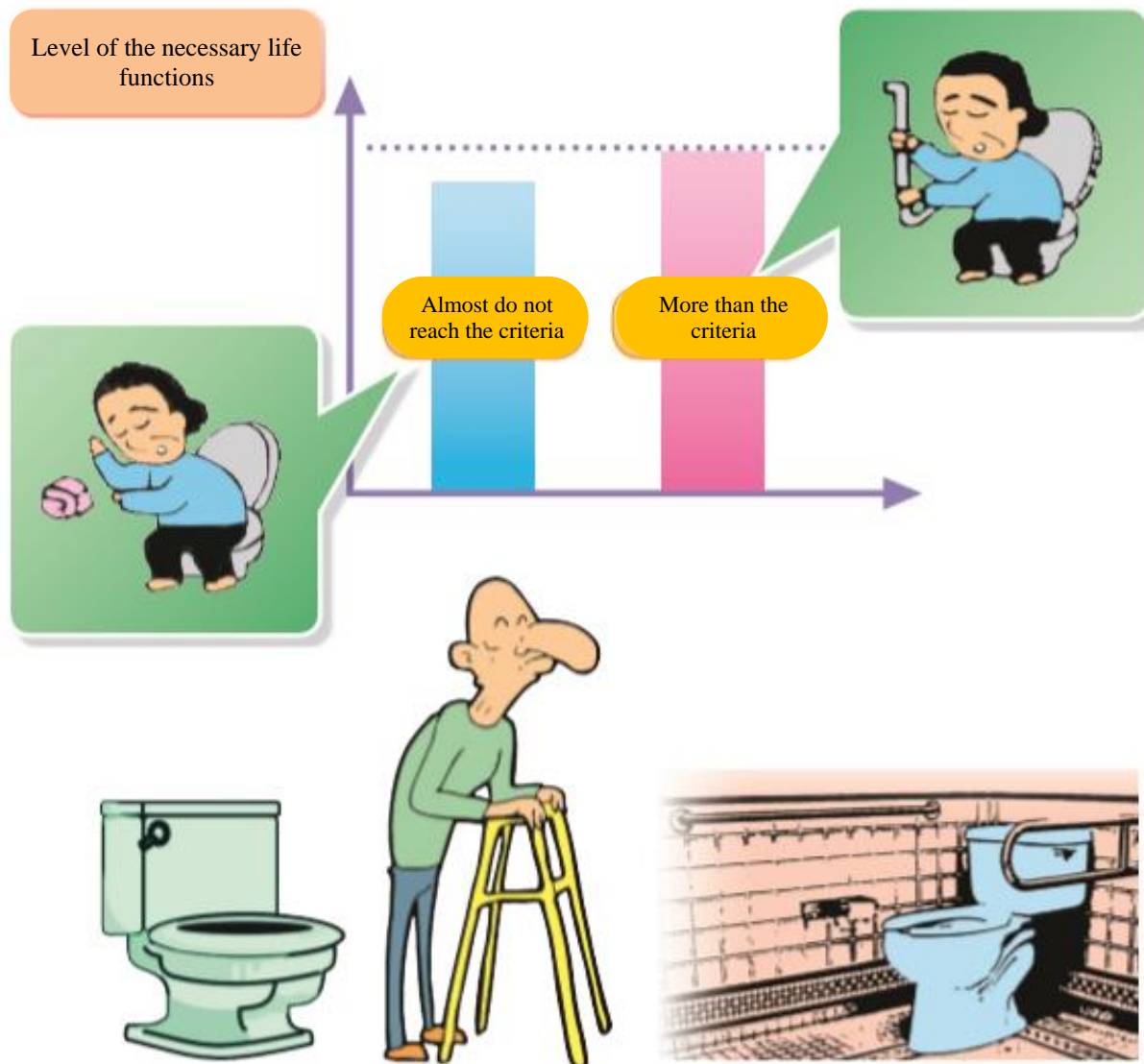
- Improve the functional abilities by removing the obstacles.
- Use the concept of daily life functioning + the analysis of movements.

Suggestion 2: Explore the possible causes of the symptoms by considering the chain of symptoms.

Suggestion 3: Consider the characteristics that could be utilized.

Suggestion 1: Concept of the multifunctioning

(1) The functions standard criteria that are necessary and are able to change due to the environment.



The ICF does not focus on the inabilities (disabilities) but gives the importance on what the person can do (in practice), being able to do (capability) and aims to expand the scope of person's capability

Suggestion 2: Explore the possible causes of the symptoms by considering the chain of symptoms.



Lack the motivation to move.

Case of “mental cause”



Staggering when standing up

“Degeneration of leg muscles” is the cause



Less going out

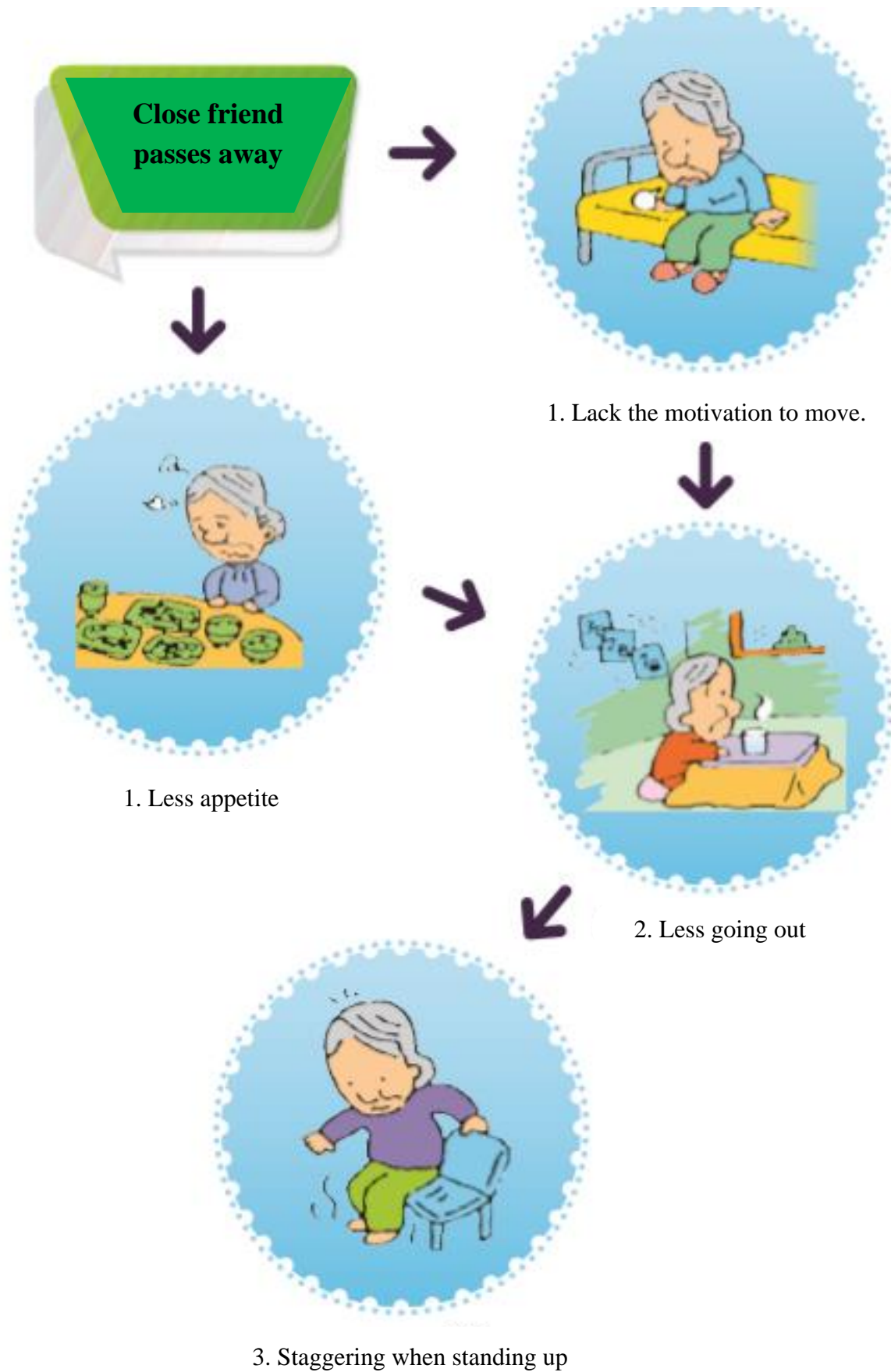
**“The death of relatives or climate, etc.”
is the cause.**



Less appetite

**“Feeling depressed due to the loss of
important person” is the cause.**

Suggestion 2: Explore the possible causes of the symptoms by considering the chain of symptoms.



Where and how to start providing the help?



Try to move.



1. Lack the motivation to move.



2. Less going out



3. Staggering when standing up



1. Less appetite



Start to eat the favorite food
little by little.



Go out after being at
home for a long period.

Providing help in expectation



Exercise for the leg muscles.



Receive day care services at service center.



1. Lack the motivation to move.



1. Less appetite



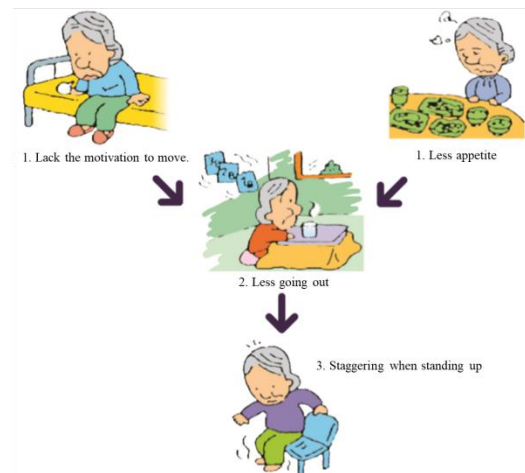
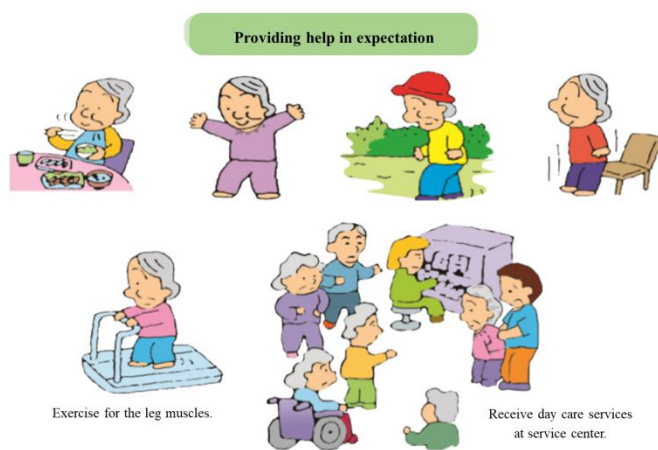
2. Less going out



3. Staggering when standing up

Consider the characteristics and abilities that can be utilized.

- Do not think that you cannot do.
- Find out the potential and characteristics that can be utilized since at the early stage, as much as possible.
- The more information you have, the better quality of the care plan will be developed.



Result of the providing help in expectation



Healthy older panda center

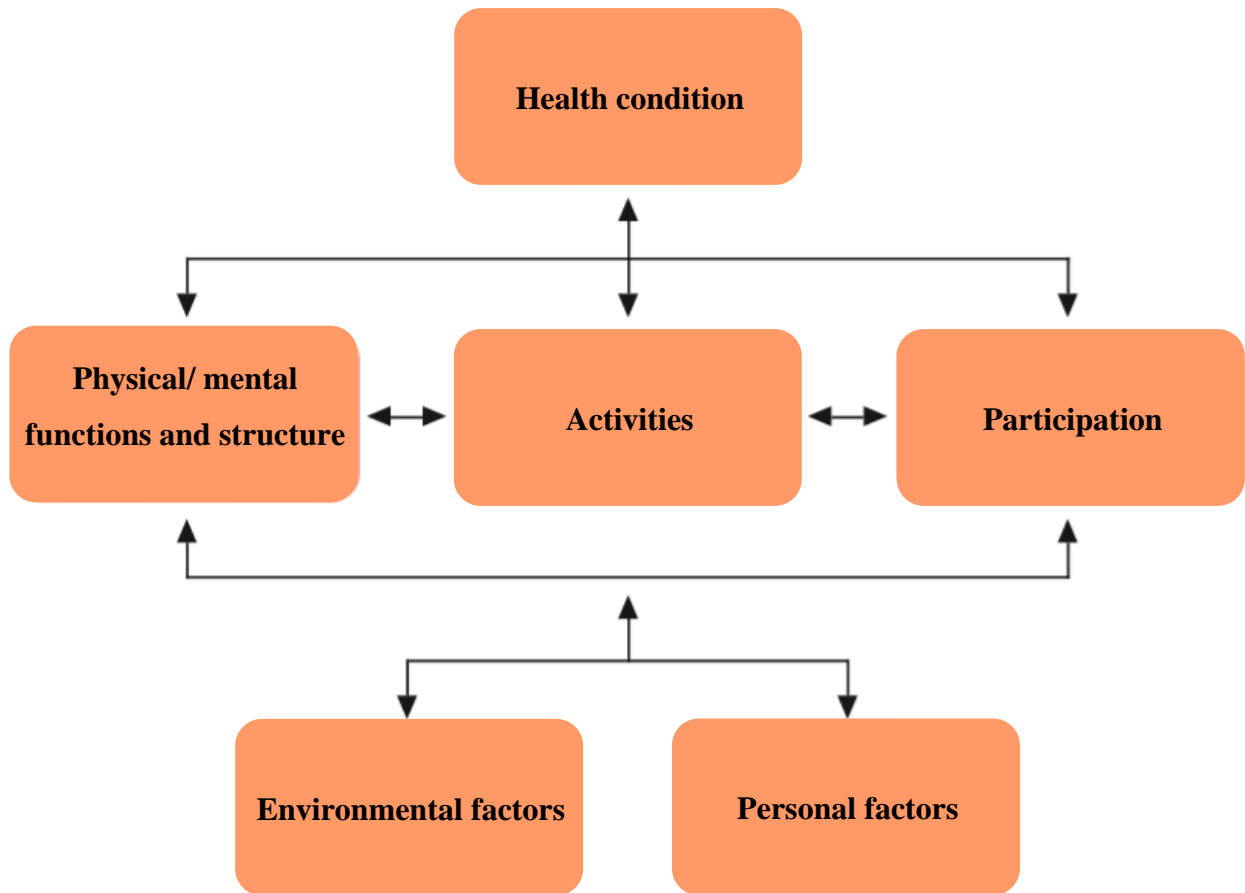


Elephant health care center

This community has two day service centers which are the healthy older panda center and the elephant health care center. People can receive the individual physical therapy at the physical therapist (PT) center. The most suitable place for Mr. Yamada is the healthy older panda center.



Chart of the categorization 6 ICF components

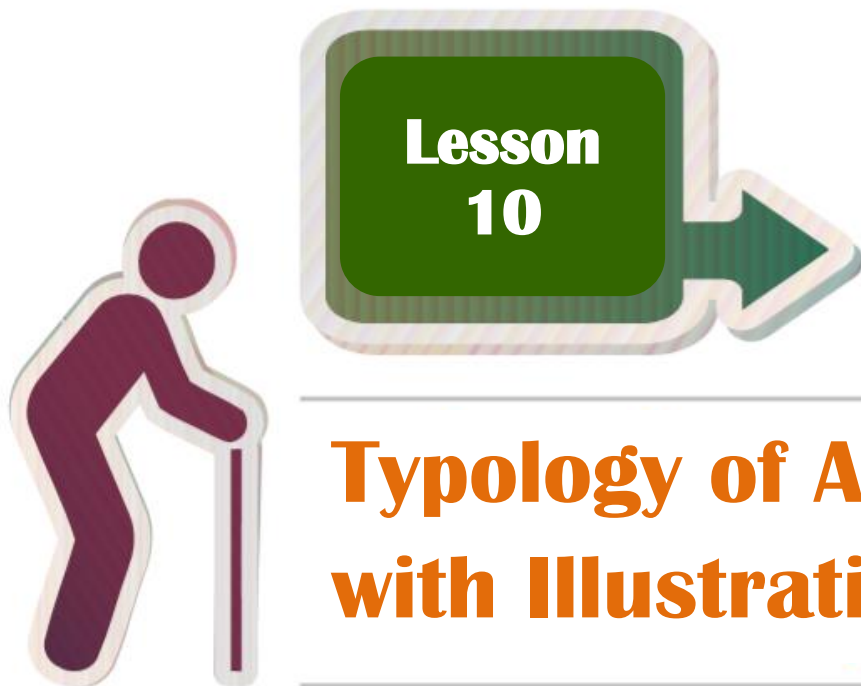


Worksheet 9.1

Instruction

1. The participants are divided into groups as appropriate (should not over than 6-10 persons). Ask them to discuss the comparison of ICD and ICF, concept of multi-functioning, and interaction of ICF components and structure, take note and select a presenter.
2. The instructor gives recommendations, explanation and summary

[illegible]



Typology of Aged with Illustration: TAI

Lesson 10: Typology of Aged with Illustration: TAI

Learning Objective:

- **General Objective**

In order that the participants have knowledge and understanding of the meaning, operation and reason for the use of TAI as a tool in classifying the elderly.

- **Specific Objective** **The participants are able to,**

1. Explain the meaning and description of TAI.
2. Explain the operation and application of TAI.
3. Explain the reason for the use of TAI as a tool in classifying the elderly.

Target:

The participants have knowledge and understanding of the meaning, operation and reason for the use of TAI as a tool in classifying the elderly which are necessary for providing care for the elderly and are the fundamental knowledge in elderly care. Also, it aims to develop better assessment skills.

Subject:

- What is TAI? How does it work? Why TAI is used as a tool?
- Classifying the elderly with the use of TAI
- The tool used for the classification of the elderly according to capabilities in Thailand
- Assessment form for the necessary service packages: Group 2 - The elderly who are partially independent and can partly help themselves (home-bound).
- Assessment form for the necessary service packages: Group 3 - The elderly who are dependent and cannot help themselves or have disabilities or frailty (bed-ridden).
- Assessment form for the elderly who are in need of long-term care

Period: Theory: 14 hours

Teaching Model / Method:

- Lecture/ discussion
- Role-play activity
- Question and answer in large group

Activity / Process:

1. The instructor introduces the lesson starting with questions on the several tools used in Thailand for the classification of the elderly to develop a care plan. And explain the participants to understand the meaning, operation, and reason for the use of TAI as a tool in classifying the elderly
2. Divide the participants into groups as appropriateness to discuss and practice assessing the elderly with the use of TAI tool.
3. Jointly summarize the opinions of group members and present.
4. The instructor summarizes and gives comments.

Instruction Media / Material:

1. Care Manager Training Program Manual
2. Training material: presentation file, poster, pamphlet, newspaper's news
3. Samples of case study and role-play activities
4. Statistics of elderly health condition and others

Recommendation for Instructor:

1. The instructor should prepare the news and information that relates to the assessment of the elderly with the several tools so that the participants are interested in learning and sharing their opinions.
2. The learning activity should focus on the participation and engagement of all participants.

Assessment:

1. Observe the participation in group discussion.
2. Observe the participation in group activities.
3. Assess from questioning and answering.

Knowledge Sheet 10.1

Typology of Aged with Illustration

TAI: The assessment tool for the elderly condition

1. What is TAI (Typology of Aged with Illustration)?

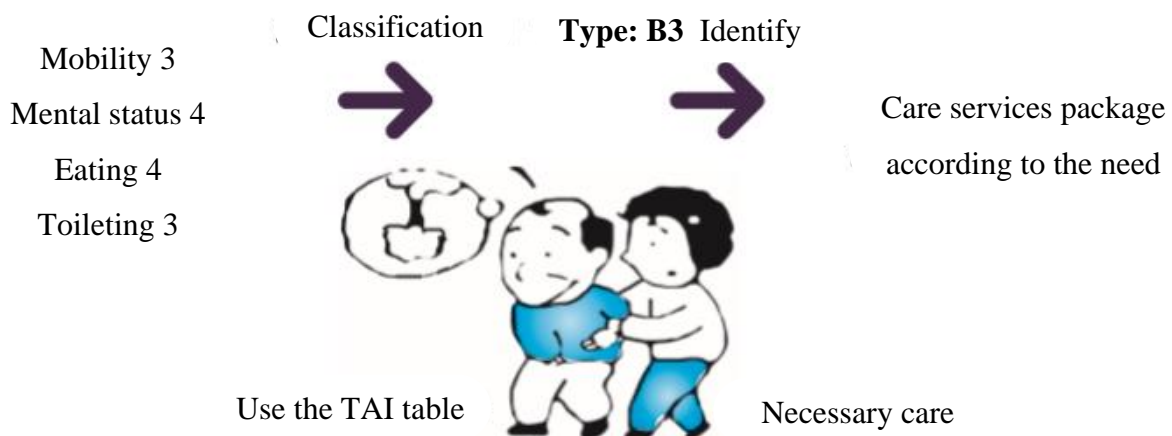
TAI is a tool for the assessment of the elderly condition. The tool has been initiated by Professor Tai Takahashi, a short-term expert from Japan.

2. How does TAI work?

TAI assesses the physical and mental conditions of the elderly by *identifying the levels of functioning in several domains such as mobility, mental status, eating, and toileting. The elderly are classified into different categories with the use of the TAI table. After that, the necessary care will be identified* for each elderly group.

The elderly conditions are illustrated as follows.

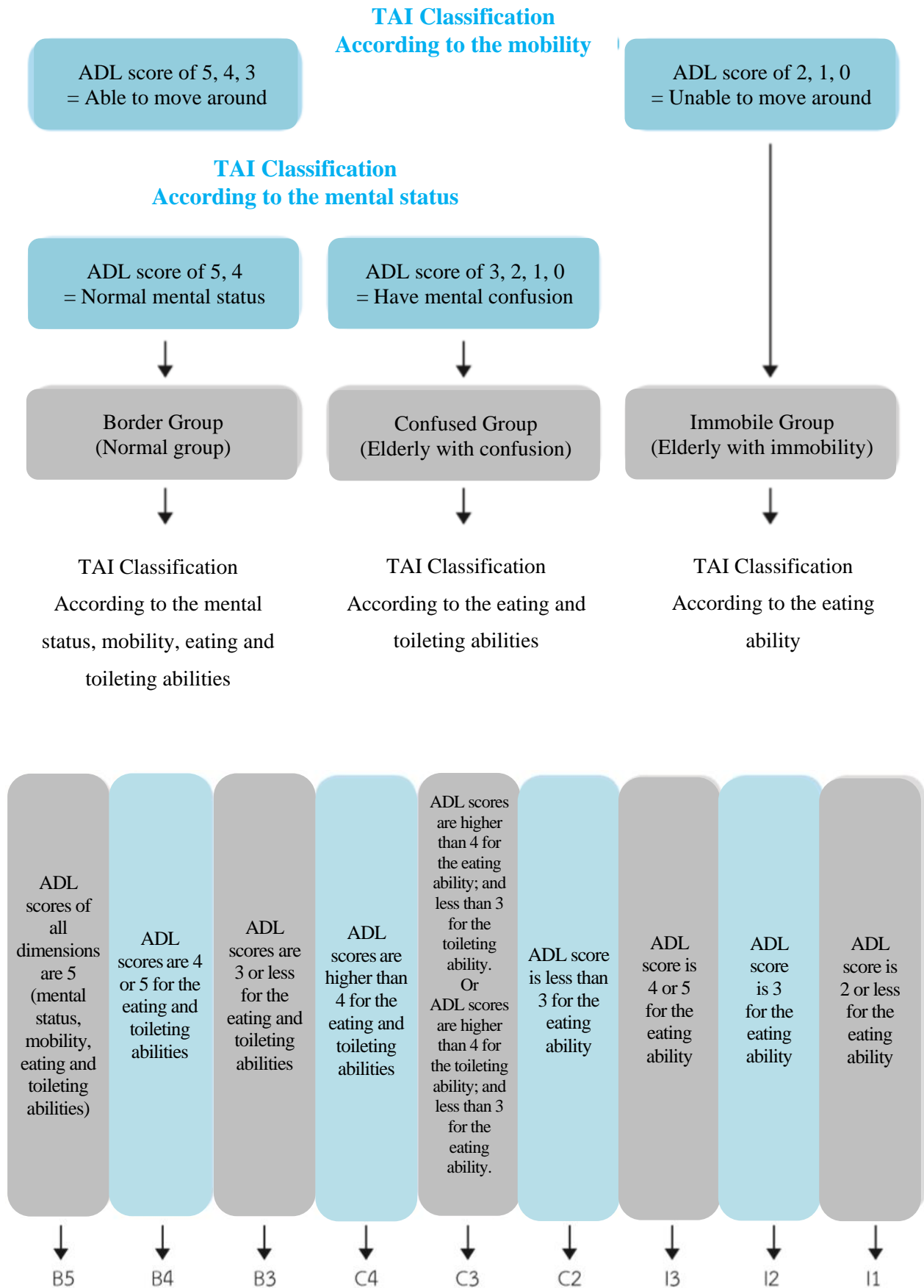
Example:




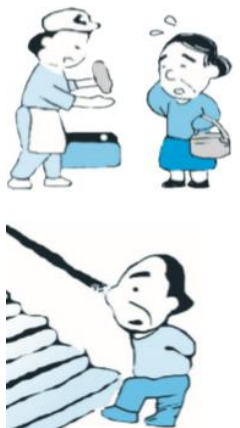

3. Why TAI is a tool that uses the symptoms of the elderly as the core for the preparation of the service (Evidence-based)?




The assessment and identification of the necessary care - **refer to the research studies in several medical centers in Japan which studied to find out “which services should be prepared for which elderly group and for how many times per day”.**

Elderly classification table with the illustration









Elderly classification

Definition of the elderly classification according to the Typology of Aged with Illustration (TAI)	Be completely independent (ADL scores of all dimensions are 5: mental status, mobility, eating and toileting abilities).	Be partially independent but is able to eat and to use toilet without assistant.	Be dependent and need the assistance for eating and/or toileting.
Special characteristics of each elderly classification			

Definition of the elderly classification according to the Typology of Aged with Illustration (TAI)	Be unable to move but able to eat.	Be unable to move and need assistance for eating. Be able to swallow, normally.	Be unable to move and need assistance for eating. Have problems in swallowing.
Special characteristics of each elderly classification			

Elderly classification (continued)

Definition of the elderly classification according to the Typology of Aged with Illustration (TAI)	Have the confusion but is independent with the ability to eat and to use the toilet.	Have the confusion but is independent with the ability to eat or to use the toilet.	Have the confusion and need assistance for both eating and toileting.
Special characteristics of each elderly classification	 	 	 

Example of the elderly classification with the use of TAI (in Suratthani Province)

This result is analyzed from the data of the elderly survey using the CTOP questionnaire.

Types of TAI

B: Border (normal/ risky)
B5 924 (90.4%)

The appearance of the degeneration of abilities in the elderly

5. Completely healthy



B4 24 (2.3%)

C: Confused (confusion)

C4 19 (1.9%)

4. Eating ○ Toileting ○



I: immobile
(unable to move alone)



B3 24 (2.3%)



C3

I3 6(0.6%)

3. Eating ○ Toileting ○



C2 6(0.6%)



I2 7(0.7%)

3. Eating X Toileting X



I1 7(0.7%)

1. Eating with difficulty



Classification of the elderly according to capabilities in Thailand

(This assessment form has been developed by the Sub-Committee of the Development of Long-Term Care System for Dependent Elderly.)

Knowledge Sheet 10.1

Classification of the elderly according to capabilities in Thailand

(This assessment form has been developed by the Sub-Committee of the Development of Long-Term Care System for Dependent Elderly.)

TAI: The assessment tool for the elderly condition

Instruction for the use of screening form to classify the elderly according to their capabilities

1. The users must score after identifying the numbers in every square. The screener should be the public health volunteers or elderly care volunteers or persons who passed the caregiver training program course or researchers who have real experiences in screening the elderly in the community. In case that the examiner used to ask the elderly questions before, fill the latest information (and date) in the screening form. If the information has not been updated within the 12 months, new inquiries must be done.

2. Tick the box for the informant of the screening questionnaire. The informant could be the elderly or the caregiver who has been providing care for 6 months and over or both of them or other people (the relationship of this person with the case must be identified).

3. The screening questions on the physical abilities of the elderly in terms of basic skills for being self-reliant and helping other persons, community and society are composed of 10 topics. Each topic has a score and a description of the score rating criteria. The scores of each topic are different ranging from 0-1, 0-2 or 0-3, and are shown on the left side. **Moreover, the examiner can also use the screening form with the illustration of the Department of Health as a replacement or supplement.**

4. The examiner starts to ask the first question: “How can the elderly move within a room or house?”. Wait for 2 – 3 minutes to give the respondent time to think of the answer. After receiving the answer, the examiner must find the main idea and decide the score by considering the score rating criteria. It is necessary to carefully and completely read the criteria so that the most proper score is rated. Only one level of the score is selected for each item. Write down the score in the box on the right side.

5. In case there is no answer, the examiner should ask the elderly or caregiver to help the elderly to show how to move within the room or house so that they can observe and decide the score by considering the score rating criteria. It is necessary to carefully and completely read the criteria so that the most proper score is rated. Only one level of the score is selected for each item. Write down the score in the box on the right side.

6. If it is difficult to decide the score for any topic, the examiner should skip to the following questions and come back to rate the score after finishing the other topics.

7. After writing the score, ask the next questions with the use of basic skills in each topic to substitute for the question in the parentheses of item 4 followed with the topic 5 - 6 until all 10 topics are filled with the scores.

8. Summarize the result of the elder and the caregiver. Specify the name of the elderly and their classification. The examiner must write the classification number in the box on the right side as well as signing and writing the screening date.

Physical abilities and/or cognitive abilities are divided into 3 groups as follows.

Group 1 - The elderly who are independent and can help other people, community and society (social-bound)

Group 2 - The elderly who are partially independent and can partly help themselves (home-bound).

Group 3 - The elderly who are dependent and cannot help themselves or have disabilities or frailty (bed-ridden).

The Screening Form for Classification of the Elderly according to the Capabilities

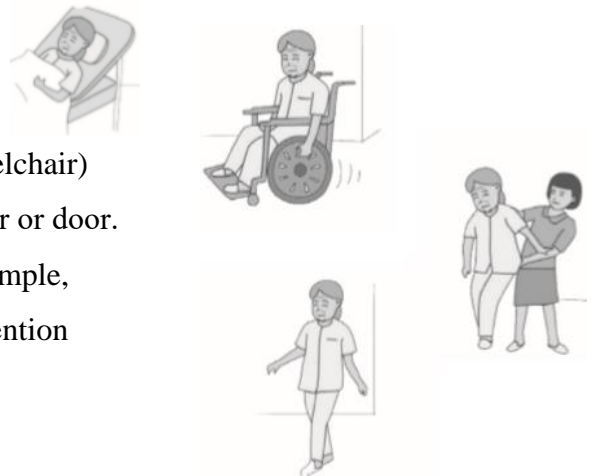
Instruction: The score will be given after specifying the figures in □ of every topic. The specific information answering to the questions should be provided in the community by the examiner who is public health volunteer or elderly care volunteer or person who passed the caregiver training program.

Put ✓ in front of the respondent:

..... Elderly Caregiver who has been providing care for 6 months and over
..... Both Other people (please specify)

☐ **Mobility (move within a room or house)**

0. Unable to move.
1. Able to move with the use of a wheelchair
(do not require the assistant to move the wheelchair)
and able to get in and out of the rooms' corner or door.
2. Able to walk or move with assistance, for example,
need someone to guide or hold, or to give attention
to ensure safety.
3. Able to walk or move without assistance.



☐ **Transfer (change to sitting position in bed or move from bed to chair)**

0. Unable to sit (always fall when being in sitting position), or need 2 assistants to lift.
1. Require extensive assistance, for example, need one strong or skilled person or need 2 general persons to support or lift to be in a sitting position.
2. Require minor assistance, for example, need to guide and support, or need a caregiver to ensure safety.
3. Able to do without assistance.

☐ **Stairs (going up one step)**

0. Unable to do.
1. Require assistance.
2. Able to do (in case the walking aid
such as a walker is needed,
it must be lifted while going up the stairs as well).



☐ **Toilet use**

- 0. Unable to do without assistance.
- 1. Able to do some activities (at least, able to clean themselves after toilet use) and require assistance for some activities.
- 2. Able to do the activities well (able to sit and get out of the toilet bowl, clean themselves completely, and dress neatly).



☐ **Bladder (control bladder during the past 1 week)**

- 0. Unable to control the bladder or use the catheter and need the assistant to take care of it.
- 1. Unable to control the bladder sometimes (less than 1 time per day).
- 2. Able to control the bladder.



☐ **Bowels (control bowels during the past 1 week)**

- 0. Unable to control bowels or always require the enema.
- 1. Unable to control bowels sometimes (less than 1 time per week).
- 2. Able to control bowels.



☐ **Bathing**

- 0. Require assistance.
- 1. Able to do completely.



☐ **Grooming (washing face, combing hair, brushing teeth, shaving, in the past 24-28 hours)**

- 0. Require assistance.
- 1. Able to do (the case who can do if the tools are prepared, is also included).

☐ **Dressing**

0. Require the assistant to help in dressing.

Unable to or hardly support themselves

1. Able to do for 50%.

Require assistance for the other half.

2. Able to do the activity well (buttoning, zipping, or wearing clothes are included).



☐ **Feeding (in case the meal is prepared)**

0. Unable to feed self, require the assistant to feed.

1. Able to eat with the assistant, for example, to help prepare the food in the spoon, or to cut the food into small pieces.

2. Able to eat without the assistant.

Total score for the physical ability / 20

Summary of screening results:

Name of the elderly..... is classified in a group no ... :

1. The elderly who are independent and can help other people, community and society (social-bound) have total ADL scores of 12 and over.

2. The elderly who are partially independent and can partly help themselves (home-bound) have total ADL scores of 5-11.

3. The elderly who are dependent and cannot help themselves or have disabilities or frailty (bed-ridden) have total ADL scores of 0-4.

Name of the examiner **Date**.....

Knowledge Sheet 10.3

Assessment form for the elderly who are in need of long-term care

(This recommendation has been developed by the Sub-Committee of the Development of Long-Term Care System for Dependent Elderly.)

1. In case that the elderly are screened and classified in group 2 – 3, use the assessment form for the elderly who are in need of long-term care. The examiner must be an authorized person, researcher and/ or a person who passed the care manager training program (e.g. nurse, officer of the Tambon health promotion hospital, public health officer, community development officer, etc). In case that this older person used to give the information, fill the updated information in the form (specify the date). If the information is older than 12 months, a new inquiry needs to be made.

2. The examiner then requests to see the elderly's ID card and write personal data including name, age, birthday, identification number, and address. As well, write the name of the examiner including the interview date and order of the assessment such as the first or second, etc.

3. Tick the box for the informant of the screening questionnaire. The informant could be the elderly or the caregiver who has been providing care for 6 months and over or both of them or other people (the relationship of this person with the case must be identified).

4. Start assessing the social dimension; 10 questions. Specify the scores which could be 0 or 1 in the box on the right side of each question. Sum the scores and put the result in the box of the total score.

5. Assess the ability to do daily life activities; 10 questions. Specify the scores which could be 0, 1, 2 or 3 in the box on the right side of each question. Sum the scores and put the result in the box of the total score.

6. Assess the brain condition; 12 questions. In case that the elderly are unable to read and write, skip this part.

7. Assess the swallowing difficulty; 6 questions. Specify the scores which could be 0 (No) or 1 (Yes) in the box on the right side of each question. The examiner will slowly ask the elderly and/or the caregiver by reading the questions; then summarize the scores and put the result in the box on the right side. For the questions No. 2.5, 2.6, 2.10 and 2.11, read the sub-questions in order (local dialect could be used). Specify the score of each item in the box on the right side in case that the elderly can give the correct answers orderly. Then, sum the scores and put the result in the box of the total score.

8. Assess the depression condition during the past 2 weeks; 9 questions. Specify the scores in the box on the right side of each question. If the symptoms appear every day, the score is 3; more than 7 days, the score is 2; some days (1-7 days), the score is 1; and if there is no

symptom, the score is 0. Specify the scores which could be 0 (No) or 1 (Yes) in the box on the right side of each question.

9. The examiner ticks the boxes in front of the scores of each dimension. Then, consider and choose the column that gives the elderly the highest scores. This means that such elderly have most of the abilities of that group the most.

- Group 2: The elderly who are partially independent will have more ability to do daily activities than those in Group 3 and have no dementia (according to their education level), swallowing difficulty, and depression.
- Group 3: The elderly who need assistance will have less ability to do daily activities than those in Group 2 and have dementia (according to their education level), swallowing difficulty, and/or depression.

10. The examiner uses the assessment form for the necessary service packages to classify the elderly in Group 2 or 3 by considering the needs of the elderly and/or caregivers according to the causes, results of the assessment, and the home environmental condition. Tick the boxes in front of the necessary long-term care services for the case.

11. Before signing and specifying the assessment date, the examiner should sensibly consider the suitable appointment date for the re-assessment. Then, bring the information to have a conference with the multidisciplinary team and related persons such as the elderly, caregiver and, relatives, etc., in order to develop a long-term care plan.

Assessment form for the necessary service packages: Group 2 - The elderly who are partially independent (home-bound).

(This recommendation has been developed by the Sub-Committee of the Development of Long-Term Care System for Dependent Elderly.)

Number of the Assessment

Elderly name - surname (Mr./ Mrs./ Miss)..... Age..... Years old

Instruction: Researcher, Care manager and/or Multidisciplinary team and Relevant person

Tick the box ☒ in front of the necessary long-term care services for this elderly. Also specify the description in Skip the unnecessary items. Consider the needs of the elderly in Group 2 and 3 (after the assessment) and/or the caregiver according to the causes, results of the assessment, and the home environmental condition.

1. General Information [NG1]

1.1 The respondent ☐ Elder person ☐ Caregiver ☐ Both of them

1.2 The elder person ☐ has caregiver ☐ do not have caregiver

1.3 Period of having the caregiver Years Months Days

(If there is no caregiver, skip to No. 1.4.)

1.4 Education level of the elder person

- ☐ Elementary: Grade..... ☐ Secondary: Grade or Diploma
☐ Vocational Diploma ☐ Bachelor Degree
☐ Master Degree ☐ Doctoral Degree ☐ Others

1.5 Education level of the caregiver

- ☐ Elementary: Grade..... ☐ Secondary: Grade or Diploma
☐ Vocational Diploma ☐ Bachelor Degree
☐ Master Degree ☐ Doctoral Degree ☐ Others

1.6 The elder person ☐ has no income ☐ has income baht/month (average)

1.7 The caregiver ☐ has no income ☐ has income baht/month (average)

2. Need of medical care [NM1]

2.1 Disease control in the past year.

- | | | | |
|-------------------------|-------------------------------|---------------------------------------|---|
| Coronary artery disease | <input type="checkbox"/> None | <input type="checkbox"/> Controllable | <input type="checkbox"/> Uncontrollable |
| Cancer | <input type="checkbox"/> None | <input type="checkbox"/> Controllable | <input type="checkbox"/> Uncontrollable |
| Stroke | <input type="checkbox"/> None | <input type="checkbox"/> Controllable | <input type="checkbox"/> Uncontrollable |
| Osteoarthritis | <input type="checkbox"/> None | <input type="checkbox"/> Controllable | <input type="checkbox"/> Uncontrollable |
| AIDS | <input type="checkbox"/> None | <input type="checkbox"/> Controllable | <input type="checkbox"/> Uncontrollable |

Tuberculosis	<input type="checkbox"/> None	<input type="checkbox"/> Controllable	<input type="checkbox"/> Uncontrollable
Others.....	<input type="checkbox"/> None	<input type="checkbox"/> Controllable	<input type="checkbox"/> Uncontrollable

2.2 Additional examination and treatment by doctor and/ or nurse on

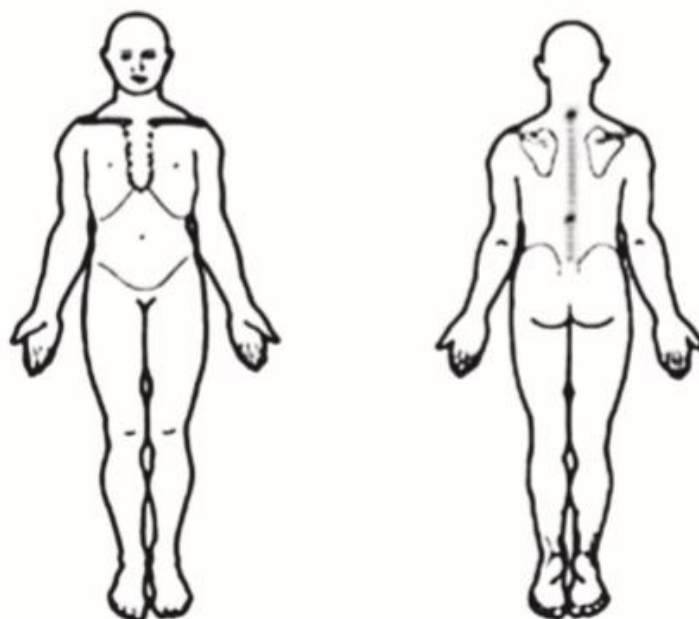
- | | | | |
|---|--|--|-----------------------------------|
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Falls | <input type="checkbox"/> Insomnia |
| <input type="checkbox"/> Mental problem | <input type="checkbox"/> Teeth problem | <input type="checkbox"/> Bladder or bowel incontinence | |
| <input type="checkbox"/> Other..... | | | |

- Provide ☐ Home visit times/year
- ☐ Mobile health care service in community times/year
- ☐ Go to the community/ district/ provincial hospital.....
- ☐ Go to the specialized hospital.....

2.3 Receiving the supportive tools/ aids

- | | | | |
|--|----------------------------------|--|----------------------------------|
| <input type="checkbox"/> Seeing | <input type="checkbox"/> Hearing | <input type="checkbox"/> Commode chair | <input type="checkbox"/> Bed pan |
| <input type="checkbox"/> Bar/ handrail (for walking/ standing) | | <input type="checkbox"/> For walking (walking stick with.....pods) | |
| <input type="checkbox"/> Going up and down the stairs (walking stick with..... pods) | | | |
| <input type="checkbox"/> Walker/walking frame with wheels | | <input type="checkbox"/> Walker/walking frame without wheels | |
| <input type="checkbox"/> Wheelchair | | <input type="checkbox"/> Electric wheelchair | |
| <input type="checkbox"/> Others | | | |

2.4 Identify the pain with the symbol ○ and/or disability with the symbol × at the points of muscles, joints and/or organs.



2.5 Transferring the case to consult with the multidisciplinary team on the rehabilitation

- ☐ Occupational therapist of ☐ Community/ District/ Provincial Hospital.....
- ☐ Specialized hospital

Topic of service

- ☐ Assessment and development of advanced skills in doing daily activities
 - ☐ Assessment and development of working/learning skills
 - ☐ Assessment and development for doing activities during free time/ sleeping
 - ☐ Assessment and development for socializing/helping others
 - ☐ Others.....
-
- ☐ Physical therapist of ☐ Community/ District/ Provincial Hospital.....
 - ☐ Specialized hospital

Topic of service

- ☐ Assessment and exercise (exercise therapy)
- ☐ Assessment and the use of physical therapy equipment
- ☐ Assessment and the use of medical procedures on physical therapy
- ☐ Others.....

2.6 Need of other medical care:

.....

.....

.....

3. Need of social care [NS1]

3.1 The elder person needs...

- ☐ Caregiver who passed the training program on.....
- ☐ Caregiver who has no health problems
- ☐ Caregiver who help them to see the doctor
- ☐ Provision and preparation of food ☐ Assistance for eating
- ☐ Assistance for bathing/ washing hair ☐ Assistance for dressing/ grooming

Home service means the caregiver provides the training and assistance for the following:

- ☐ Toileting/ using the toilet and cleaning
- ☐ Eliminating the urine ☐ Eliminating the feces ☐ Sleeping

- | | | |
|--|--|--|
| <input type="checkbox"/> Cleaning house | <input type="checkbox"/> Washing clothes | <input type="checkbox"/> Ironing clothes |
| <input type="checkbox"/> Using the phone | <input type="checkbox"/> Buying personal items | <input type="checkbox"/> Going to bank/ ATM |
| <input type="checkbox"/> Taking medicine | <input type="checkbox"/> Going to hospital | <input type="checkbox"/> Exercise/ recreation/ sport |
| <input type="checkbox"/> Talking | <input type="checkbox"/> Giving moral support | |
| <input type="checkbox"/> Being a companion (inside /outside the community) | | |
| <input type="checkbox"/> Doing artworks/ playing music | <input type="checkbox"/> Gardening | |
| <input type="checkbox"/> Others..... | | |
| <input type="checkbox"/> Food service | <input type="checkbox"/> Transferal service | |
| <input type="checkbox"/> Long-distance wheelchair service | | |

Community/ network services

- ☐ In-house and short-distance wheelchair service
- ☐ Provision of aids for excretion (bed pan)
- ☐ Provision of pillow for bedsores prevention
- ☐ Provision of the adjustable bed
- ☐ Provision of transportation between home and hospital
- ☐ Participation in the elderly club activities
- ☐ Participation in the community activities
- ☐ Going to the temple/ church/ mosque/ others
- ☐ Going to the market
- ☐ Joining the savings group
- ☐ Support for the training and occupation promotion training for income generation
- ☐ Support for the acknowledgment of comprehensive and proper information and news
- ☐ Promotion of education (establish the learning programs for the elderly)
- ☐ Promotion of self-development (transfer the wisdom/ culture)
- ☐ Promotion of recreation activities, sport and healthy condition
- ☐ Receiving the assistance from public health volunteers/ elderly care volunteers
- ☐ Provision of accommodation, food, and clothes
- ☐ Allocation of living allowance
- ☐ Provision of the management
- ☐ Promotion of recreation, sport, and good health
- ☐ Receiving help from public health volunteer/elderly care volunteer
- ☐ Day care service
- ☐ Respite care service
- ☐ Consultation service
- ☐ Building the network of care provision
- ☐ Support the information on the assistance/ symptoms

- ☐ Provision of moral support
- ☐ Preparation before entering to the aged period
- ☐ Receiving help from the elderly in group 1 (independent elderly)
- ☐ Others.....

3.2 Arrangement of environment and adjustment of the house to be safe for the elderly by....

- ☐ Asking for consultation from the examiner for home modification, e.g. architect, engineer, occupational therapist, social worker, medical officer, etc.
- ☐ Modification of bathroom/ bedroom/ kitchen/ living room/ other area in the house...
- ☐ Modification of home entrance (ramp/ uneven floor/ door threshold)
- ☐ Adjustment of the stairs' height (inside /outside)
- ☐ Expanding the doorway (toilet/ bedroom/ room....)
- ☐ Increasing the height of bed/ table to be suitable for the use of wheelchair
- ☐ Installation of handrails/stairs handrails/ standing bar/ walking bar
- ☐ Installation of the aids to facilitate the activities in daily life.....
- ☐ Others

3.3 Generating income and security in the family

- ☐ The caregiver does not have income and wants to work at home.
- ☐ The caregiver does not have sufficient income and wants to work at home.
- ☐ The caregiver wants to work out of the home and to find the new caregiver.
- ☐ The caregiver wants to be trained on the occupation (in/out of home).
- ☐ The elder person wants to be trained on the occupation (in/out of home).
- ☐ The elder person cannot work but needs to receive the social allowance.
- ☐ The caregiver cannot work but needs to receive the social allowance.
- ☐ Others.....

3.4 Other needs.....

.....

.....

.....

Appointment for re-assessment within ☐ 6 months ☐ 12 months ☐ Others (Please specify)

Appointment date for re-assessment.....

Signature of the examiner.....

(.....)

Assessment Date.....

Assessment form for the necessary service packages: Group 3 - The elderly who are dependent (bed-ridden).

(This recommendation has been developed by the Sub-Committee of the Development of Long-Term Care System for Dependent Elderly.)

Number of the Assessment

Elderly name - surname (Mr./ Mrs./ Miss)..... Age..... Years old

Instruction: Researcher, Care manager and/or Multidisciplinary team and Relevant person

Tick the box ☒ in front of the necessary long-term care services for this elderly. Also specify the description in Skip the unnecessary items. Consider the needs of the elderly in Group 2 and 3 (after the assessment) and/or the caregiver according to the causes, results of the assessment, and the home environmental condition.

1. General Information [NG2]

1.1 The respondent ☐ Elder person ☐ Caregiver ☐ Both of them

1.2 The elder person ☐ has caregiver ☐ do not have caregiver

1.3 Period of having the caregiver Years Months Days

(If there is no caregiver, skip to No. 1.4.)

1.4 Education level of the elder person

- ☐ Elementary: Grade..... ☐ Secondary: Grade or Diploma
☐ Vocational Diploma ☐ Bachelor Degree
☐ Master Degree ☐ Doctoral Degree ☐ Others

1.5 Education level of the caregiver

- ☐ Elementary: Grade..... ☐ Secondary: Grade or Diploma
☐ Vocational Diploma ☐ Bachelor Degree
☐ Master Degree ☐ Doctoral Degree ☐ Others

1.6 The elder person ☐ has no income ☐ has income baht/month (average)

1.7 The caregiver ☐ has no income ☐ has income baht/month (average)

2. Need of medical care [NM2]

2.1 Disease control in the past year.

- | | | | |
|-------------------------|-------------------------------|---------------------------------------|---|
| Coronary artery disease | <input type="checkbox"/> None | <input type="checkbox"/> Controllable | <input type="checkbox"/> Uncontrollable |
| Cancer | <input type="checkbox"/> None | <input type="checkbox"/> Controllable | <input type="checkbox"/> Uncontrollable |
| Stroke | <input type="checkbox"/> None | <input type="checkbox"/> Controllable | <input type="checkbox"/> Uncontrollable |
| Osteoarthritis | <input type="checkbox"/> None | <input type="checkbox"/> Controllable | <input type="checkbox"/> Uncontrollable |
| AIDS | <input type="checkbox"/> None | <input type="checkbox"/> Controllable | <input type="checkbox"/> Uncontrollable |

Tuberculosis	<input type="checkbox"/> None	<input type="checkbox"/> Controllable	<input type="checkbox"/> Uncontrollable
Others.....	<input type="checkbox"/> None	<input type="checkbox"/> Controllable	<input type="checkbox"/> Uncontrollable

2.2 Additional examination and treatment by doctor and/ or nurse on

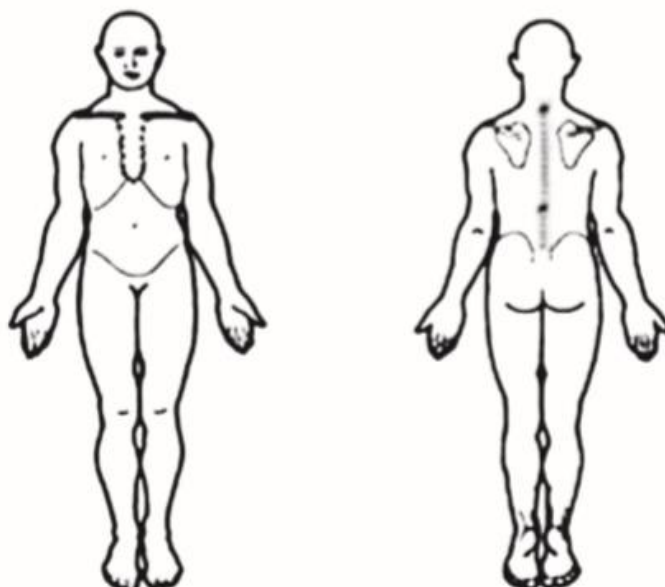
- | | | | |
|---|--|--|-----------------------------------|
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Falls | <input type="checkbox"/> Insomnia |
| <input type="checkbox"/> Mental problem | <input type="checkbox"/> Teeth problem | <input type="checkbox"/> Bladder or bowel incontinence | |
| <input type="checkbox"/> Other..... | | | |

- Provide ☐ Home visit times/year
- ☐ Mobile health care service in community times/year
- ☐ Go to the community/ district/ provincial hospital.....
- ☐ Go to the specialized hospital.....

2.3 Receiving the supportive tools/ aids

- | | | |
|--|---|---|
| <input type="checkbox"/> Vein feeding | <input type="checkbox"/> Tube feeding | <input type="checkbox"/> Seeing |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Excretion (Foley catheter) | <input type="checkbox"/> Excretion (Diaper) |
| <input type="checkbox"/> Phlegm suction | <input type="checkbox"/> Commode chair | <input type="checkbox"/> Bed pan |
| <input type="checkbox"/> Adjustable bed | <input type="checkbox"/> Inclinal bed | <input type="checkbox"/> Turning body over in bed |
| <input type="checkbox"/> Helping to change position in bed | | |
| <input type="checkbox"/> Helping to transfer from bed to chair | | |
| <input type="checkbox"/> Wheelchair | <input type="checkbox"/> Electric wheelchair | |
| <input type="checkbox"/> Others | | |

2.4 Identify the pain with the symbol ☐ and/or disability with the symbol ☐ at the points of muscles, joints and/or organs.



2.5 Transferring the case to consult with the multidisciplinary team on the rehabilitation

- ☐ Occupational therapist of ☐ Community/ District/ Provincial Hospital.....
- ☐ Specialized hospital

Topic of service

- ☐ Assessment and development of eating skills (sucking, chewing, eating, swallowing)
 - ☐ Assessment and development of cognitive skills (recognition, concentration, memory, problem solution)
 - ☐ Assessment and development of psychosocial management skills (adaptation, fatigue, stress, behaviors)
 - ☐ Assessment and development of self-care skills (dressing, health care, invention of the aids)
 - ☐ Others.....
-
- ☐ Physical therapist of ☐ Community/ District/ Provincial Hospital.....
 - ☐ Specialized hospital

Topic of service

- ☐ Assessment and exercise (exercise therapy)
- ☐ Assessment and pain relief with the use of equipment/ heat/ cold
- ☐ Assessment and physical therapy for cardiopulmonary system
- ☐ Others.....

2.6 Need of other medical care:

.....

.....

.....

3. Need of social care [NS2]

3.1 The elder person needs...

- ☐ Caregiver who passed the training program on.....
- ☐ Caregiver who has no health problems
- ☐ Caregiver who help them to see the doctor
- ☐ Provision and preparation of food ☐ Assistance for eating
- ☐ Assistance for bathing/ washing hair ☐ Assistance for dressing/ grooming

Home service means the caregiver provides the training and assistance for the following:

- ☐ Toileting/ using the toilet and cleaning
- ☐ Eliminating the urine ☐ Eliminating the feces ☐ Sleeping
- ☐ Cleaning house ☐ Washing clothes ☐ Ironing clothes
- ☐ Using the phone ☐ Buying personal items ☐ Going to bank/ ATM
- ☐ Taking medicine ☐ Memory ☐ Movement
- ☐ Mental therapy ☐ Exercise/ recreation activity ☐ Talking
- ☐ Others.....

Community/ network services

- ☐ In-house and short-distance wheelchair service
- ☐ Provision of aids for excretion (bed pan)
- ☐ Provision of pillow for bedsores prevention
- ☐ Provision of the adjustable bed
- ☐ Provision of transportation between home and hospital
- ☐ Participation in the elderly club activities
- ☐ Participation in the community activities
- ☐ Going to the temple/ church/ mosque/ others
- ☐ Going to the market
- ☐ Joining the savings group
- ☐ Support for the training and occupation promotion training for income generation
- ☐ Support for the acknowledgment of comprehensive and proper information and news
- ☐ Promotion of education (establish the learning programs for the elderly)
- ☐ Promotion of self-development (transfer the wisdom/ culture)
- ☐ Promotion of recreation activities, sport and healthy condition
- ☐ Receiving the assistance from public health volunteers/ elderly care volunteers
- ☐ Provision of accommodation, food, and clothes
- ☐ Allocation of living allowance
- ☐ Provision of the assistance for funeral ceremony
- ☐ Preparation before entering to the aged period
- ☐ Promotion of recreation, sport, and good health
- ☐ Receiving help from public health volunteer/elderly care volunteer
- ☐ Day care service
- ☐ Respite care service
- ☐ Consultation service
- ☐ Building the network of care provision

- ☐ Support the information on the assistance/ symptoms
- ☐ Provision of moral support
- ☐ Receiving help from the elderly in group 1 (independent elderly)
- ☐ Receiving help from the elderly in group 1 (partially independent elderly)
- ☐ Others.....

3.3 Arrangement of environment and adjustment of the house to be safe for the elderly by....

- ☐ Asking for consultation from the examiner for home modification, e.g. architect, engineer, occupational therapist, social worker, medical officer, etc.
- ☐ Modification of bathroom/ bedroom/ kitchen/ living room/ other area in the house...
- ☐ Modification of home entrance (ramp/ uneven floor/ door threshold)
- ☐ Adjustment of the stairs' height (inside /outside)
- ☐ Expanding the doorway (toilet/ bedroom/ room....)
- ☐ Increasing the height of bed/ table to be suitable for the use of wheelchair
- ☐ Installation of handrails/stairs handrails/ standing bar/ walking bar
- ☐ Installation of the aids to facilitate the activities in daily life.....
- ☐ Others

3.4 Generating income and security in the family

- ☐ The caregiver does not have income and wants to work at home.
- ☐ The caregiver does not have sufficient income and wants to work at home.
- ☐ The caregiver wants to work out of the home and to find the new caregiver.
- ☐ The caregiver wants to be trained on the occupation (in/out of home).
- ☐ The elder person wants to be trained on the occupation (in/out of home).
- ☐ The elder person cannot work but needs to receive the social allowance.
- ☐ The caregiver cannot work but needs to receive the social allowance.
- ☐ Others.....

3.5 Other needs.....

.....

.....

.....

.....

Appointment for re-assessment within ☐ 6 months ☐ 12 months ☐ Others (Please specify)

Appointment date for re-assessment.....

Signature of the examiner.....

(.....)

Assessment Date.....

Assessment form for the elderly who are in need of long-term care

(This recommendation has been developed by the Sub-Committee of the Development of Long-Term Care System for Dependent Elderly.)

Number of the Assessment

Elderly name - surname (Mr./ Mrs./ Miss)..... Age..... Years old

Date/month/year of birth..... ID card No. ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Address: No..... Moo..... Sub-district..... District..... Province.....

The elder person ☐ cannot read and write ☐ elementary school

☐ higher than the elementary school

Examiner name – surname Date/month/year of interview.....

The examiner is an authorized person and/ or trained care manager who has experience in assessing the elderly at home.

Instruction ; Tick the box ☒ in front of the respondent:

.....Elder personCaregiver who has been providing care for 6 months and over

.....Both elderly person and caregiver

.....Others, please specify.....

1. Assessment on social dimension: Write the score in ☐ for the item that the elderly has been treated during the past year.

1.1 Living condition or having the caregiver when being sick ☐

0 Do not live alone or have the caregiver when being sick

1 Live alone or do not have the caregiver when being sick

1.2 Housing condition ☐

0 Stable and strong or not stable but do not be dangerous to life and health

1 Have no house or have the house that its condition is dangerous to life and health

1.3 Have sufficient income for a living ☐

0 Yes

1 No

1.4 Do you live in the same house or the same area as your children? ☐

0 Yes

1 No

1.5 Do you exercise at least 3 days per week? ☐

0 Yes

1 No

1.6 Have you ever been abused or taken advantage of? ☐

0 No

1 Yes

1.7 Have you ever been jointed the training or learning program arranged by the agency, organization or elderly club? ☐

0 Yes

1 No

1.8 Have you ever received the information on the rights and benefits for the elderly? ☐

0 Yes

1 No

1.9 Have you ever jointed the religious activity of your religion? ☐

0 Yes

1 No

1.10 Have you ever joined the social event for at least once a month? ☐

0 Yes

1 No

Total score of Item 1.

2. Assessment on the ability in doing daily activities: Give a score after specifying the figures in ☐ of every item and the specific answers to each question should be provided in the community.

2.1 Mobility (move in a room or house) ☐

0 Unable to move.

1 Able to move with the use of a wheelchair (do not require the assistant to move the wheelchair) and able to get in and out of the rooms' corner or door.

2 Able to walk or move with assistance, for example, need someone to guide or hold, or to give attention to ensure safety.

3 Able to walk or move without assistance.

2.2 Transfer (change to sitting position in bed or move from bed to chair) ☐

0 Unable to sit (always fall when being in sitting position), or need 2 assistants to lift.

1 Require extensive assistance, for example, need one strong or skilled person or need 2 general persons to support or lift to be in a sitting position.

2 Require minor assistance, for example, need to guide and support, or need a caregiver to ensure safety.

3 Able to do without assistance. ☐

2.3 Stairs (going up one step)

0 Unable to do.

1 Require assistance (able to call someone to help or have someone to hold or have someone to help hold the walking aid).

2 Able to do (in case the walking aid such as a walker is needed, it must be lifted while going up the stairs as well).

2.4 Toilet use ☐

0 Unable to do without assistance.

1 Able to do some activities (at least, able to clean themselves after toilet use) and require assistance for some activities.

2 Able to do the activities well (able to sit and get out of the toilet bowl, clean themselves completely, and dress neatly).

2.5 Bladder (control bladder during the past 1 week) ☐

0 Unable to control the bladder or use the catheter and need the assistant to take care of it.

1 Unable to control the bladder sometimes (less than 1 time per day).

2 Able to control the bladder.

2.6 Bowels (control bowels during the past 1 week) ☐

0 Unable to control bowels or always require the enema.

1 Unable to control bowels sometimes (less than 1 time per week).

2 Able to control bowels (for the whole week).

2.7 Bathing ☐

0 Require assistance.

1 Able to do completely.

2.8 Grooming (washing face, combing hair, brushing teeth, shaving, in the past 24-28 hours) ☐

0 Require assistance.

1 Able to do (the case who can do if the tools are prepared, is also included).

2.9 Dressing ☐

0 Require the assistant to help in dressing. Unable to or hardly support themselves

1 Able to do for 50%. Require assistance for the other half.

2 Able to do the activity well (buttoning, zipping, or wearing clothes are included).

2.10 Feeding (in case the meal is prepared) ☐

0 Unable to feed self, require the assistant to feed.

1 Able to eat with the assistant, for example, to help prepare the food in the spoon, or to cut the food into small pieces.

2 Able to eat without the assistant.

Total score of Item 2.

3. Assessment of brain condition

3.1 Time recognition

What date is it today? (1 point) ☐

What day is it today? (1 point) ☐

What month is this month? (1 point) ☐

What year is this year? (1 point) ☐

What season is this season? (1 point) ☐

3.2 Place recognition

Where is this place? / What is the address number of this house? (1 point) ☐

What is this village or area/ zone/ road? (1 point) ☐

What district is this place in? (1 point) ☐

What province is this place in? (1 point) ☐

What region is this place in? (1 point) ☐

3.3 Memory

Tell 3 items and ask the respondent to repeat. ☐

Flower (1 point) ☐

River (1 point) ☐

Train (1 point) ☐

3.4 Calculation: If the respondent cannot do the mental calculation, skip to the concentration test (No. 2.5). For this question, start with 100 and ask the respondent to subtract by 7 each time and tell the result. Every result will be recorded (both correct and incorrect results).

100-7 (1 point) ☐

93-7 (1 point) ☐

86-7 (1 point) ☐

79-7 (1 point) ☐

72-7 (1 point) ☐

3.5 Concentration: If the respondent cannot read, skip to the recall test (No. 2.6). Spell the word “L-E-M-O-N” to the elderly (grandfather, grandmother.....) and ask them to spell backward.

..... (1 point for one character, the total score is 5) ☐

N - O - M - E - L

3.6 Recall: What were the 3 items I told you a moment ago?

Flower (1 point) ☐

River (1 point) ☐

Train (1 point) ☐

3.7 Name recall

Give a pencil to the elder person and ask “What is this?” (1 point) ☐

Point at the watch and ask “What is this?” (1 point) ☐

3.8 Repeat: “Please listen to me (the examiner) carefully, when I ask you (the elder person) to repeat, please follow. I will say the sentence only once “Who wants to sell eggs.” (1 point)

☐

3.9 Follow the instruction (spoken language): “Listen to me carefully, I will give you (the elder person) a piece of paper; then, take it with your right hand, fold it into a half and place it on.....(the floor, desk, bed)”. The examiner gives the blank A4-size paper without the fold mark to the elder person.

Take it with the right hand (1 point) ☐

Fold it into the half (1 point) ☐

Place it on the floor, desk, bed (1 point) ☐

3.10 Follow the instruction (written language): If the elderly person cannot read, skip to the drawing test (No. 2.12). “This is the written instruction, I would like you (the elder person) to read and follow the instruction. You can read out loud or in your mind”. Then, the examiner shows the paper with the sentence “close your eyes” on it.

Close the eyes (1 point) ☐

3.11 Writing: If the elderly person cannot write, skip to the drawing test (No. 2.12). The examiner asks the elder person to write a sentence that is readable and has meaning.

.....

The sentence has meaning (1 point) ☐

3.12 Drawing: Ask the elder person to draw the model picture as shown in the paper.

A pentagon must have 5 angles and its internal intersecting lines make a square. (1 point)

☐

Total score of Item 3.

4. Assessment of the swallowing difficulty: Specify the score in ☐; 1 point for “Yes and 0 point for “No”.

4.1 The elder person uses the false teeth that are not in good condition/ there are less than 20 permanent teeth that can be used efficiently. ☐

4.2 The elder person has the feeding tube placed through the nose or abdomen. ☐

4.3 The elder person eats little and is very thin. ☐

4.4 The elder person loses appetite or eats the same food that is not nutritious. ☐

4.5 Have a drooling condition. ☐

4.6 Do not speak clearly. ☐

Total score of Item 4.

5. Assessment of depression in the past 2 weeks: Specify the score in ☐; 3 points for “everyday”, 2 points for “more than 7 days”, 1 point for “some days (1 – 7 days)” and 0 point for “none”.

5.1 Feel bored and do not want to do anything. ☐

5.2 Feel uncomfortable, depressed and dismayed. ☐

5.3 Have difficulty in sleeping or a fitful sleeping or over sleeping. ☐

5.4 Easily become exhausted or always have no energy. ☐

5.5 Lose the appetite or eat too much. ☐

5.6 Feel bad about yourself; think that you fail and make yourself and the family disappoint. ☐

5.7 Lack concentration when doing activities such as watching TV, listening to the radio or doing the activity that need the concentration. ☐

5.8 Speak or do things more slowly which could be noticed by other people around or unable to stay still as previously. ☐

5.9 Think about hurting yourself or wants to die. ☐

Total score of Item 5.

Interpretation of scores for the assessment to classify the elderly (followed by the assessment form for the necessary service packages: Group 2 or 3).

Assessment/ Elderly group	Group 2: Partially independent	Group 3: Need assistance
Social dimension	<input type="checkbox"/> 0	<input type="checkbox"/> 1-10
Ability in doing daily activity	<input type="checkbox"/> 5-11	<input type="checkbox"/> 0-4
Brain condition for the elderly who cannot read and write	<input type="checkbox"/> 15-23	<input type="checkbox"/> 0-14
Brain condition for the elderly who graduated from elementary school	<input type="checkbox"/> 18-30	<input type="checkbox"/> 0-17
Brain condition for the elderly who graduated from higher education than the elementary school	<input type="checkbox"/> 23-30	<input type="checkbox"/> 0-22
Swallowing difficulty	<input type="checkbox"/> 0	<input type="checkbox"/> 1-6
Depression	<input type="checkbox"/> 0-6	<input type="checkbox"/> 7-27

Appointment for re-assessment within ☐ 6 months ☐ 12 months ☐ Others (Please specify)

Appointment date for re-assessment..... ☐ Not sure

☐ Wait for the meeting resolution

Signature of the examiner.....

(.....)

Assessment Date.....

Worksheet 10.1

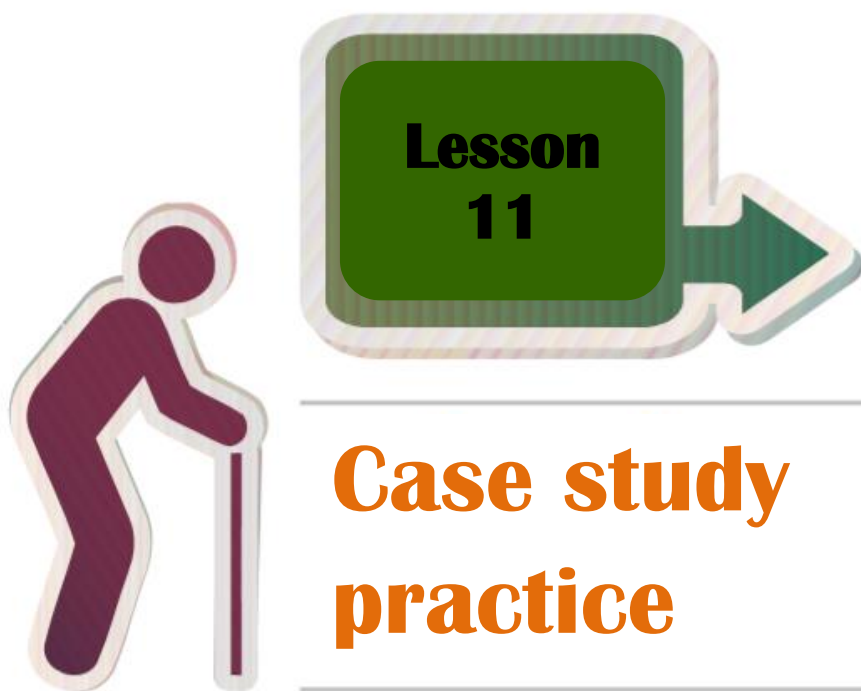
Instruction

1. The participants practice using the assessment and screening forms individually or in a group. The instructor explains the specific purpose of the use of each assessment and the implementation. The group selects a presenter.

2. The group jointly summarizes from the ideas, techniques and skills in using the assessment and screening forms.

3. The instructor summarizes and gives recommendations.

[illegible]



Lesson 11

Case study practice

Lesson 11: Case study practice

Learning Objective:

- **General Objective**

In order that the participants have knowledge and understanding in accepting the request, receiving the information via phone, identifying the main statement, analyzing the problem situation, perceiving the feeling of the target elderly and relevant persons, and acquiring the truth for the home-visit appointment to follow up the data and information to develop the care plan to help the target elderly and family.

- **Specific Objective** **The participants are able to,**

1. Describe how to identify the main statement from the information received on the phone.
2. Explain the telephone technique and being a good listener.
3. Explain the steps in receiving a phone call regarding the elderly home visit and interview technique.
4. Explain the analysis of information and feelings of the target elderly and relevant persons.

Target:

The participants have knowledge, and skills in identifying the main statement from the information received on the phone, have good telephone technique, become the good listener, understand the steps in receiving a phone call regarding the elderly home visit and interview technique, and are able to analyze information and feelings of the target elderly and relevant persons.

Subject:

- Telephone conversation
- Home visit and interview

Period: Theory: 1 hour

Teaching Model / Method:

- Lecture
- Practice/ role play
- Question and answer in large group

Activity / Process:

1. The instructor introduces the lesson starting with questions and asks the participants to share the experience on the use of telephone in life such as receiving phone calls and providing consultation through the phone. Present the sample of the telephone consultation of different organizations to motivate the participants. Then, explain the participants to have knowledge, understanding and good attitude in receiving the information via telephone, identifying the main statement from the information received on the phone, the telephone technique and being a good listener, the steps in receiving a phone call regarding the elderly home visit and interview technique, and the analysis of information and feelings of the target elderly and relevant persons.

2. Divide the participants into groups as appropriateness. Ask the participants to discuss and do role-play activities in the situation of telephone conversation, home visit and interview at home.

3. Jointly summarize the opinions of group members and present.

4. The instructor summarizes and gives comments.

Instruction Media / Material:

1. Care Manager Training Program Manual
2. Training material: presentation file, poster, pamphlet, newspaper's news
3. Others

Recommendation for Instructor:

1. The instructor should prepare the news and information that relates to the telephone consultation that is presented via several media so that the participants are interested in learning and sharing their opinions.

2. The learning activity should focus on the participation and engagement of all participants.

Assessment:

1. Observe the participation in group discussion.
2. Observe the participation in group activities.
3. Assess from questioning and answering.

Practice: Case study

Main statement of the telephone conversation

In April 2013, a person called you to ask for advice. The caller is Ms. A (48 years old). She lives in the same community as yours. She said she is very worried about her parents who live in the nearby sub-district but she has no idea what she can do, thus she makes a call.

From the conversation, it is found that:

Her mother's leg and waist have become weak since 2012. Someone that she knows recommend her to take mother to a hospital. At that time, the mother feels pain in both knees so that she hardly walked; however, she tried to go to the hospital once a week. Two months later, her mother boiled the water and forgot, thus leading to the fire; fortunately, her father found it and extinguished the fire in time. One week later, her mother went out alone and could not find way back home; luckily, a neighbor found her and took her home. She thought that her mother had dementia so she took her to the specialized hospital for a check-up. The doctor diagnosed that her mother has Alzheimer's and prescribed the medicine. Currently, her mother regularly takes medicine as prescribed; however, the symptoms have become worse. She is worried that this would make people living nearby have more trouble.

Her parents' house is an old house which is made of wood and it has no handrails. Her mother said that she cannot sleep well on the bed so she has decided to sleep on the floor. Thus, she is worried that her mother might trip over something on the floor which would cause the broken bones leading her to become bed-ridden. For her father, he has worked all his life so he cannot do any housework because her mother did everything. When her mother cannot do the housework as she used to do in the previous days, there is a big pile of dirty clothes and dishes accumulated in the house. Moreover, her mother was a person who managed the financial matter and shopping alone.

Ms. A has the intention to take care of her parents but she has to work and also has her own family. She can only visit the parents 2 times a week. If she has to do more, she would become fatigued and could get sick. Therefore, she calls to ask for advice.

After listening to Ms. A, in your opinion, how does she feel?

.....

.....

.....

.....

For the visit and interview at home, as a care manager, what information do you need?

.....

.....

.....

.....

Practice: Case study 2

Main statement of the telephone conversation

The interview was made on ○ April 2013 at the house of Ms. C (the elder person). The interviewees included Ms. C (77 years old), Mr. B (the husband, 80 years old), and Miss A (the second daughter, 48 years old)

Interview with Ms. C

Recently, I have become more forgetful. I cannot recall even the little things. I don't want to be such an old person like this. I have to do housework but my husband and daughter don't want me to do. They said that I shouldn't do things that are beyond my capability. But my husband can't do the housework at all. He can't cook or wash clothes. Thus, it's impossible that I stop doing it.

Previously, I used to have a walk outside to strengthen my leg muscles. But now I feel pain in my knees. Actually, I love traveling but when my legs become weak, I cannot go anywhere. I want to live at home like this. Everyone is always worried about me but I try not to make my husband and daughter are in trouble. However, I have become more forgetful recently and cannot recall even the little things. I have to do housework. Everyone said I shouldn't do things that are beyond my capability. But my husband can't do the housework at all. He can't cook or wash clothes. Thus, it's impossible that I stop doing it.

Interview with Mr. B

I want to live with her as the spouse, as we used to, forever. Right now, I am so worried about her. I don't know what to do. When I see that she cannot do housework as previously, I sometimes feel frustrated and annoyed, so I yell at her. For myself, I can't do any housework. Moreover, when my wife takes a shower, I have to help her. I also have some diseases so I have to go to the hospital regularly. I am currently in a difficult situation.

Interview with Miss A

In the past, my mother liked to go out very much but now she feels very pain in her knees so she does not go out at all. She only sits on a sofa watching TV. She can dress, although sometimes, she does it wrongly. Her toileting ability is fine. Up to now, she still does not have any serious disease.

I live in the same community. After I come back home from work, I will visit my parents twice a week. Every time I visit them, I will cook for them. For the other days, it seems that they

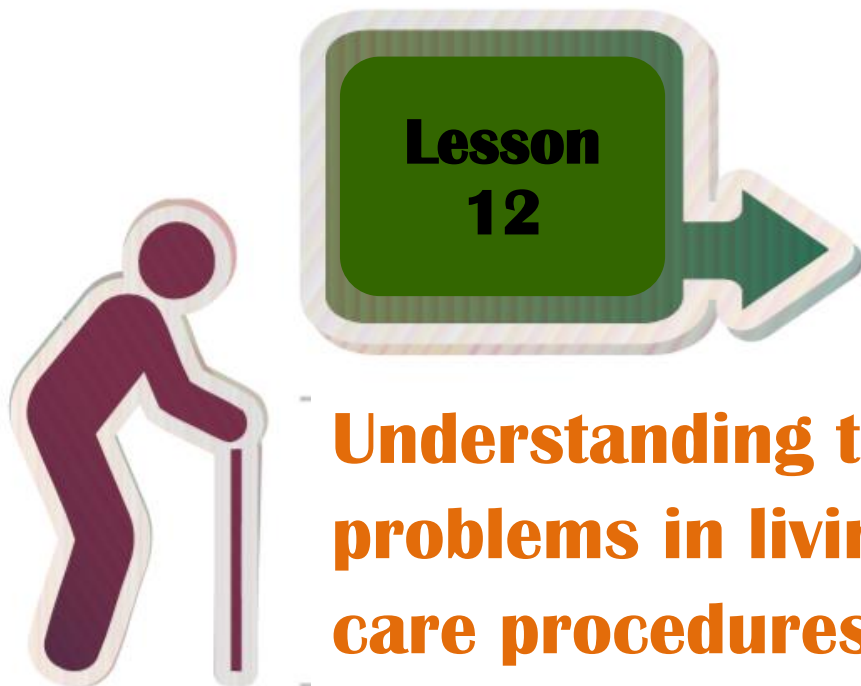
buy food. When my mother has to use the gas stove for cooking, we are worried that she will forget to turn it off so my dad has to take a look all the time. My mother can eat and clean her false teeth by herself but we are worried that she may have malnutrition problems. She washes the dishes and clothes but there is a big pile of dirty dishes and clothes is left quite often these days; so I have to do it for them. I think that if they still live like this, it could be fine. However, I am quite worried because they live alone as I can't visit them more. Right now, I have tried to visit them regularly as much as I can do.

After listening to Ms. C, in your opinion, how does she feel?

[illegible]

How do the family members feel?

[illegible]



Understanding the problems in living and care procedures

Lesson 12: Understanding the problems in living and care procedures

Learning Objective:

- **General Objective**

In order that the participants have knowledge and understanding in receiving the information via phone, identifying the main statement, analyzing the problem situation, perceiving the feeling of the target elderly and relevant persons, and acquiring the truth for the home-visit appointment to follow up the data and information to develop the care plan to help the target elderly and family.

- **Specific Objective**

The participants are able to,

1. Describe how to identify the main statement from the information received on the phone.
2. Explain the telephone technique and being a good listener.
3. Explain the steps in receiving a phone call regarding the elderly home visit and interview technique.
4. Explain the analysis of information and feelings of the target elderly and relevant persons.

Target:

The participants have knowledge, and skills in identifying the main statement from the information received on the phone, have good telephone technique, become the good listener, understand the steps in receiving a phone call regarding the elderly home visit and interview technique, and are able to analyze information and feelings of the target elderly and relevant persons.

Subject:

- Living problem
- Prioritizing needs
- Life goals
- Providing assistance to achieve goals
- Developing the weekly plan
- Care conference
- Monitoring and procedures

Period: Theory: 14 hours

Teaching Model / Method:

- Lecture
- Practice/ role play
- Question and answer in large group

Activity / Process:

1. The instructor introduces the lesson starting with questions and asks the participants to share the experience on the use of telephone in life such as receiving phone calls and providing consultation through the phone. Present the sample of the telephone consultation of different organizations to motivate the participants. Then, explain the participants to have knowledge, understanding and good attitude in receiving the information via telephone, identifying the main statement from the information received on the phone, the telephone technique and being a good listener, the steps in receiving a phone call regarding the elderly home visit and interview technique, and the analysis of information and feelings of the target elderly and relevant persons.

2. Divide the participants into groups as appropriateness. Ask the participants to discuss and do role-play activities in the situation of telephone conversation, home visit and interview at home.

3. Jointly summarize the opinions of group members and present.

4. The instructor summarizes and gives comments.

Instruction Media / Material:

1. Care Manager Training Program Manual
2. Training material: presentation file, poster, pamphlet, newspaper's news
3. Others

Recommendation for Instructor:

1. The instructor should prepare the news and information that relates to the telephone consultation that is presented via several media so that the participants are interested in learning and sharing their opinions.

2. The learning activity should focus on the participation and engagement of all participants.

Assessment:

1. Observe the participation in group discussion.
2. Observe the participation in group activities.
3. Assess from questioning and answering.

Knowledge Sheet 12.1

Understanding the problems in living

Living problems (needs) are...

The concept of care management which has the needs in different dimensions of the care receiver as a core does not depend on the care provider's convenience of the caregiver, it focuses on the allocation of available resources to be suitable for the needs of the care recipient. There are 2 aspects in identifying the needs which include:

- (1) The difficulty occurred from the inabilities to do activities.
- (2) The care receiver wants to live like that so they ask for help.

Care manager must always consider and plan from these 2 aspects.

The needs indicate the necessity of help and support provision. However, for some problems, especially the conditions relating to current living surroundings, after the interview with the care receiver, the care manager would feel and consider that they might need help; though, the care receiver may not feel that it is a trouble.

Therefore, to conduct care management, the care manager needs to consider and ask for the approval of the care receiver and family in every step. The care manager must clearly and carefully explain the description and plan along the process step by step.

Prioritization of needs

The care manager must identify the needs of living in a different dimension. However, it does not mean that all needs will be able to be linked to the available social resources.

In case that several needs are found, the prioritization of needs would be a shortcut to achieve the resolution quicker. In prioritizing, the care manager should consider the following viewpoints.

- (1) The thing that would be dangerous to life.
- (2) The thing that would cause the accident.
- (3) The thing that would decrease the physical and mental capabilities.
- (4) The environment or surroundings that would cause difficulty in this living condition.
- (5) The condition of having no helper.

Knowledge Sheet 12.2

Life goals

Life goals of the care receiver

In the case of medical treatment, the goal is to treat the disease or injury, for example, whereas for the care management process, the goals to respond to the needs must be set as well. Normally, the goal is set differently according to the importance levels which are high, middle and low level. To set life goals, prioritization is necessary. If the goals are to help the person to be able to do activities that they used to, are approved, both the care provider and the care receiver will be active and enthusiastic to follow the care plan.

Warnings for goal-setting

- (1) If you extremely focus on problem-solving, there would be the obstacles in living life of the care receiver.
- (2) It is necessary that you must identify the true assistance and support that the care receiver really needs. After both sides approve, the next step is to set a goal according to each issue so that the care receiver can live their life in the way that they desire.
- (3) During the assistance provided, the conditions of the care receiver may change. Thus, when the change is noticed, you should reconsider and revise the goal as appropriate to the current condition.

Knowledge Sheet 12.3

Providing assistance to achieve goals

Consideration of the assistance in details

Begin with the observation of the care receiver's conditions and symptoms, assessment, investigation of the thinking concept and needs as well as setting the goals. Then, consider and concretely plan the details of assistance. In preparing the concrete plan, it is necessary to comprehensively survey the available resources in the community and consider whether the resources are suitable to be included in the plan or not. At this point, there would be a problem in matching the right resources to the right care receiver as it would be ineffective for some cases or there would be a relationship problem due to the inappropriate matching between the care provider and care receiver.

Therefore, the care manager needs to establish a system that can be adjustable to solve the possible problems that would occur at any time. The prioritization technique must be used to consider and decide the order of assistance. Moreover, the care manager must continuously search for the available social resources in the community.

Another important duty of the care manager, in case that the community does not have the necessary social resources, is to search for alternative resources. If there is no alternative, the care manager needs to propose to the local administration office to develop the social resources for their local area.

Knowledge Sheet 12.4

Weekly plan development

After the details of a concrete help plan are established, the next step is to manage and arrange the services to suit the way of living in the daily life of the care receiver by developing a weekly plan. The basic structure of the weekly plan is composed of the living schedule of a general person in one week in which anyone in the world can understand as well as the important living issue of the care receiver that cannot be overlooked, such as they may be a patient who has to go to the hospital frequently or to attend the religious ceremonies, etc. These are the issues that need to be considered.

It is not necessary that every activity or recommendation listed in the weekly plan is done every day. However, for the person who lives alone, there must be the care worker to visit and monitor ensuring that they are safe. In this case, the schedule might not be definitely set, thus it should be additionally specified apart from the list in the weekly plan.

For the major activities in living, please specify the general activities of the care receiver so that they can understand the living pattern, generally.

The major activities are getting up, eating, bathing, going to bed, etc.

Knowledge Sheet 12.5

Definition of care conference and meeting arrangement

Key concept of the care conference

Definition of the care conference and objective

After the care plan is developed, the next step is to hold the care conference.

The care conference is arranged for the relevant care providers, as specified in the care plan, to express their opinions about the details of care plan from their perspectives as they are from the different professions as well as to mutually acknowledge the plan.

1. The care plan must be developed based on the care receiver.
2. This is to “mutually acknowledge the information” and “set the same goals” in providing care.
3. One important point is that the care receiver, family, and nursing team must understand each other deeply.
4. The intention which is to help the care receiver and family to be able to live independently must be clearly expressed.
5. Try to facilitate and create smooth coordination among the nursing team members as well as to enhance the trust-related relationship and feeling of participation.
6. Try to promote “the care receiver/ family” to understand the special roles and characteristics of the nursing care team, etc.
7. Try to diversify and reduce the risks in living and to support the care receiver to do the activity with enthusiasm.

Format of the care conference pattern and objective

1. The first conference of the care providers
 - (1) In case of home-based care provision to continuously maintain the current living in general.
 - (2) In case of home-based care provision for a person who has trouble in living because of any reason.
 - (3) In case a person is discharged from the hospital/ service facilities, etc., to live at home.
2. Care conference for care plan renewal
 - (1) In case there is a change in services according to the change of conditions and symptoms.

(2) In case that the care plan needs to be renewed without the change in the situation (the service details do not change).

3. Care conference in case of emergency

(1) In case there is a change in needs of care receiver according to the change of conditions and symptoms or the change of care providing conditions.

(2) In case there is a change in the nursing care team or there is a necessity to change the operation direction/ to adjust the operation to be in the same direction.

4. Care conference in case of having the difficulty in dealing with the conditions and symptoms

(1) In case there is a reason/ change in the care system relating to the family (surrounding people).

(2) In case there is a reason caused by the sickness of the care receiver or family member, etc.

Dealing with the causes that lead to difficulty

1. Analyze the causes of difficulty.
2. Prepare the temporary second plan so that the plan can be reviewed and revised quickly.
3. Use the special characteristics of the nursing care team members to build trust.
4. Operate the work by integrating the potential of each other in order to utilize the several factors under the environment and conditions of the care receiver.
5. Implement the plan following the care system so that it progresses continuously. Moreover, establish the network to be able to deal with the situation, flexibly.

Care conference invitation and preparation

1. Define the topics that need to be considered and discussed.
2. Select the participants to join the conference and gather the information for the invitation.
3. Define the conference procedures and role of the participants, and check the topics that need the participants to share their opinions.
4. Select the conference date and estimated time.
5. Select and set the conference venue (care receiver's house, or other places). Book the venue, etc., if necessary.
6. Consider and determine the goals that need to be achieved (goals, the issues that need to be compromised, etc.).

7. Consider the timing for the invitation (sending the conference documents, etc.) and the conference procedures.

8. Prepare the necessary information and check to ensure the correct and appropriate distribution.

Care conference procedure

1. Check the list of participants who attend and who are absent. Arrange the seating and say thank you to every participant. Then, ask them to introduce themselves.

2. Ask everyone to check the correctness of the conference procedures and documents.

3. Explain the goals, problems, and topics that are going to be discussed and considered. Collect the comments from the viewpoint of each expert.

4. Summarize (policy guideline, operation direction, etc.) and ask for approval.

5. Divide the roles and duties, etc. (the topics that are defined by the attendees) and check the remaining issues.

6. Ask the care receiver and family to express their feelings, etc., regarding the details that have been approved.

Care conference precautions

1. Arrange the conference at the appropriate venue which is near to the care receiver's living area such as the care receiver's home so that the care receiver (family) and care providers can attend and discuss effectively. Check the participants and ask them to briefly introduce themselves.

2. Discuss the initiative of a care plan. Check the desires of the care receiver (family), check the medical precautions, give the opinions on behalf of the service provider, add more information if necessary, check the compatibility of the plan and the roles of services.

3. Manage and deal with the situation that some responsible persons cannot attend the conference. Adjust the appropriateness of the services by visiting the home individually or in other ways. Then, record the working procedures and results to be as the writing evidence. Check the compatibility of the work plan and the roles of services.

Knowledge Sheet 12.6

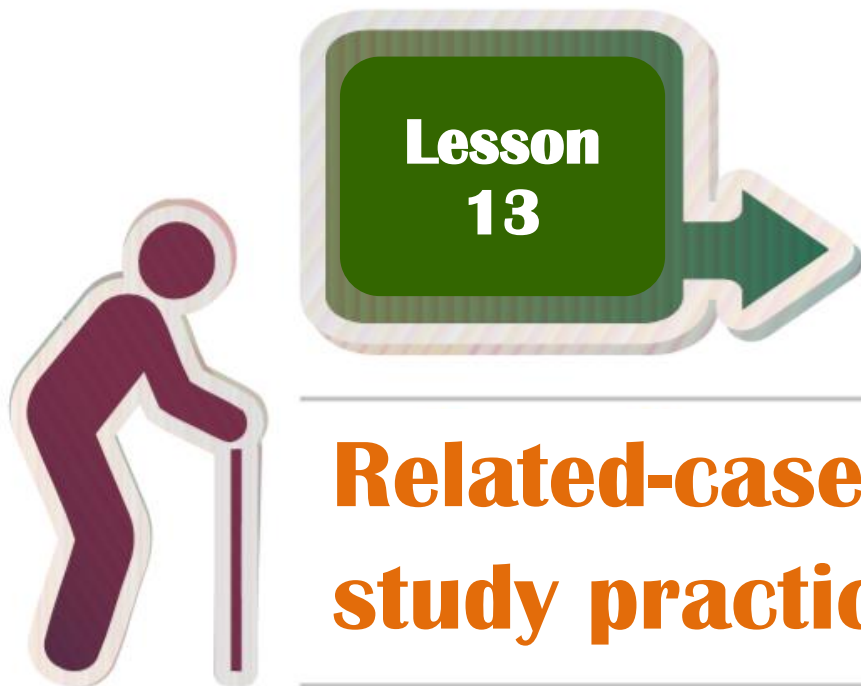
Definition of monitoring and procedures

The care manager needs to monitor the actual operation according to the care plan (hereinafter referred to as the monitoring) because it is important to monitor the change in care receiver even after the development of the care plan. Set the frequency of the home visit and interview with the care receiver and family approximately once a month. However, the monitoring does not only mean to visit the care receiver and family, but it also means that the care manager must try to regularly coordinate with the responsible persons involved in the care system because the persons who can notice and identify the change will be the ones who directly provide the services.

The issues that could be identified during the monitoring, for example;

- (1) Level of the satisfaction of the care receiver and family
- (2) Level of the goal achievement
- (3) Do they use the services according to the care plan?
- (4) Is there any service that helps to achieve the goals, is offered?

Identify the abovementioned issues and decide if it is necessary to adjust the care plan. For the record of the monitoring results, in principle, record the results by dividing it into each topic not in an overall summary, in the record form.



Related-case study practice

Lesson 13: Related-case study practice

Learning Objective:

- **General Objective**

In order that the participants have knowledge and understanding in analyzing and synthesizing the living problems, living goals, care contents, and record for the development of care plan in order to help the target elderly and family according to their needs with appropriateness, worthiness, and cost-effectiveness.

- **Specific Objective** **The participants are able to,**

1. Explain the living problems of the target elderly and family.
2. Explain the living goals of the target elderly.
3. Explain the care content in helping the target elderly.
4. Take notes of the information regarding living problems, life goals, and care contents.

Target:

The participants have knowledge and understanding and are able to analyze the living problems of the elderly and family, to recognize the living goals of the elderly, and to plan the care contents for the target elderly.

Subject:

- Living problem
- Living goals
- Care contents
- Record

Period: Theory: 7 hours

Teaching Model / Method:

- Lecture
- Practice and role play
- Question and answer in large group

Activity / Process:

1. The instructor introduces the lesson starting with questions about the life goals of each participant. And present the sample of the living goals so that the participants are interested in the class. Then, explain the participants to have knowledge, understanding and a good attitude in analyzing and synthesizing the living problems, living goals, care contents, and records for the development of care plan in order to help the target elderly and family according to their needs.

2. Divide the participants into groups as appropriateness. Ask them to discuss and do role-play activity to show the living problems, living goals, care contents and record.

3. Jointly summarize the opinions of group members and present.

4. The instructor summarizes and gives comments.

Instruction Media / Material:

1. Care Manager Training Program Manual
2. Training material: presentation file, poster, pamphlet, newspaper's news
3. Others.

Recommendation for Instructor:

1. The instructor should prepare the news and information that relates to living goals of people that are presented via several media so that the participants are interested in learning and sharing their opinions.

2. The learning activity should focus on the participation and engagement of all participants.

Assessment:

1. Observe the participation in group discussion.
2. Observe the participation in group activities.
3. Assess from questioning and answering.

Practice: Case study

Name/ Age/ Gender	Mrs. C/ 77 years old/ Female
Family life condition	<p>Normally, Mrs. C lives happily with Mr. B, her husband who is 80 years old. Her husband has hypertension, diabetes, knee pain (both sides), and coronary artery disease. He goes to the town hospital once a month. He had been worked for a company for many years so he cannot do any housework. He is sometimes frustrated and yells at his wife.</p> <p>The elder son is 55 years old. He is working in Bangkok. He visits home twice a year and has a good relationship with Mrs. C and her husband.</p> <p>The elderly daughter is 52 years old. She lives in the same province (30 minutes far away by car). She has to take care of the husband's father so it is difficult for her to support the daily living of Mrs. C. She visits Mrs. C once a month, approximately. She is a self-confident person.</p> <p>The second daughter is 48 years old. She lives with her husband and two children. Her house is next to Mrs. C. She works at a supermarket in the town five days a week, from 10.00 to 16.00. She visits Mrs. C twice a week and helps her do shopping, cooking, and managing finance.</p> <p>Mrs. C and her husband trust the second daughter the most.</p> <p>Mrs. C is the youngest daughter among the three siblings in the family. She was born in this province. Her parents run their own business (factory).</p>
Living condition	<p>She is a daughter who her parents had been waiting for; thus, she had received much love from them. After she graduated from elementary school, she stops studying to help her family's housework while her two brothers took charge of the family's business. When she was 19 years old, she married her husband who is a friend of her second brother and lived nearby. She has one son and two daughters. She used to live in an apartment in town, later the family has moved to live in this current house.</p> <p>She has been a full-time housewife and has never worked outside. She spent every day raising children, doing housework and socializing with neighbors.</p> <p>When she was 54 years old, her second daughter got married, after that, she only lived with her husband.</p> <p>Her husband has stopped working when he is 67 years old. After that, they traveled together and bought souvenirs for their grandchildren. They love to watch the photos taken during their trips.</p>

Name/ Age/ Gender	Mrs. C/ 77 years old/ Female
Main request	<p>Mrs. C: “My husband had been working outside for his whole life, so he cannot do housework. Thus, I have to cook and wash clothes.” “I want to live like this for a long time.” “I do not want to cause my husband and children any problem.”</p> <p>Husband: “I want to live with her like we have been but I am worried about her. I cannot do housework and have to go to the hospital regularly. Thus, I feel very hard.”</p> <p>Second Daughter: “If my parents can live alone without any problems it would be happy. But I am worried about them.” “I visit them twice a week; however, I cannot do more as it is difficult.” “If I continue doing this for a long time, I am worried that I would not be able to do it due to fatigue.</p>
Health	<ul style="list-style-type: none"> - Diseases: Alzheimer’s disease, knee osteoarthritis -Treatment: Go to the hospital in town once a month. Go by taxi with husband. - At present, she is taking medicine for both diseases. - Height: 145 cm. Weight: 40 kg.
ALD of the care receiver	<ul style="list-style-type: none"> - She can change the body position when in a lying position. - She can change to a sitting position even from the lying position with the face down. - She can slowly move. It takes almost two minutes to be in the sitting position. - To stand, she needs to hold a chair for the support. She can slowly make it and always says that her knees are painful. - For mobility, she can go out to the area near her house with the use of a walking stick. - She can walk up and down the stairs by holding the handrails so she takes a lot of time to go up and down. - She can move within the house by holding the furniture and wall as the support. - She can take on and off her clothes but it takes a long time for buttoning. - For the bathing, she cannot wash her back and needs her husband to help. - She can wash her face but she does not know where the towel is.

Name/ Age/ Gender	Mrs. C/ 77 years old/ Female
IADL of the care receiver	<p>The care receiver can cook some easy dishes but sometimes she has to buy food from the supermarket. Mostly, she always cooks the same food and she sometimes cooks too much food so her husband has to monitor all the time. Previously, she forgot to turn off the gas stove. Mostly, her second daughter washes the dishes as she always thinks that there are no many dishes to wash. She can do the cleaning work but she cannot make it completely clean so the dust is left on corners and shelves. She can wash her clothes but she cannot use the washing machine because she always removes the clothes from the machine when they are still wet or even when they have not been washed. The second daughter has to take care of this work for them. She can go out to do grocery shopping and buy things with her husband. However, she sometimes buys too many things and does not know how to pay so her husband has to do this for her. Regarding financial management, a second daughter is a person who holds the bank account book. The daughter will give and ensure that the parents always have 3,000 baht with them. The care receiver can pick herself medicine from the bag but she sometimes takes the morning drug at night or forgets to take the medicine.</p>
Recognition	<p>She has become forgetful which can be noticed by other people since 2012. Her judgment ability has also declined. She used to be deceived by a salesman when she lived alone at home. Moreover, she used to get lost when she went out. Her husband has to take care of and monitor her all the time. However, the pain in her knees becomes more serious so she can hardly take care of herself. Nowadays, she forgets that her account book is with her second daughter; thus, sometimes, she is looking for it all day and complains that it is stolen.</p>
Communication	<p>If not speaking slowly, she might not be able to understand. Speaking and seeing abilities are fine. However, she has a hearing problem. Sometimes, she cannot hear what the people are speaking.</p>

Name/ Age/ Gender	Mrs. C/ 77 years old/ Female
Socialization	Previously, she always talked with her neighbors. Recently, since she has knee pain and always gets lost so she does not go out. She always turns on the TV and sits down inattentively all day long.
Excretory system and oral hygiene	The toilet is the western-style toilet so she can sit and do it independently without any problems. She uses a whole set of false teeth in which she can clean it but she does not do it every day. However, it is in good condition without plague and smell.
Eating/ problematic behavior	She uses chopsticks for eating. She often drops the food but she has never had the choke. She used to forget to turn off the gas stove and get lost. Sometimes, she is forgetful and thinks that she is in trouble such as she thinks that her stuff is stolen.
Caregiver	Mostly, the main caregivers are her husband and her second daughter. The eldest son and daughter are in a situation that is difficult to support. The second daughter visits her two times a week and cannot do more often than this as she has her family to take care of. The husband also has the underlying diseases and has never done housework so he can hardly do it.

Living problems

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Living goals

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[illegible]

Practice: Developing care plan

Care Plan

Name			Address		Care plan development date: Date..... Month..... Year..... (The first care plan in developed on.....)				
Date/ month/ year of birth (Age....)			Phone number		Diagnosis				
Living concept of the care user and family					Guidelines for the overall assistance provision			Precautions	
Living problems					Living goals		Goal achievement date	Additional services apart from the weekly plan (the family assistance and informal services are included.)	
		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Core activities in daily living
	6.00								
	8.00								
	10.00								
	12.00								
	14.00								
	16.00								
	18.00								
	20.00								
	22.00								
Care plan developer:						I have agreed to follow this care plan.			
						Year	Month	Date	Name

Care Plan: No. Date..... Month..... Year.....

Name Mr. Chaithai Birthday: Year...Month...Date...(67 years old)		Address Phone number		Care plan development date: 18 September 2013 Diagnosis: TAI B3					
Living concept of the care user and family				Guidelines for the overall assistance provision (long-term goal is included)				Precautions	
Mr. Chaithai: To be rehabilitated to become normal.				The left body parts become in a normal condition.				Falls	
Ms. Yingthai: To live the normal life with husband. The husband can do the activities independently				There is the home equipment to facilitate the living.					
Grandchild: Need someone to help taking care of the elderly.				Able to participate in the activities with other people as usual					
Living problems				Living goals (short-term goal)		Goal achievement date		Additional services apart from the weekly plan (the family assistance and informal services are included.)	
CVA				- Able to use the arms and legs normally.		3 months		- Borrow (provide) a tripod cane.	
- Functioning of the left body parts is normal, for example, walking.				- Have better walking ability.		1 month		- Apply the PT tools.	
- The use of small muscles.								- Pick-up service for day-care services.	
								- Coordinate with the children to visit for moral support	
Weekly schedule (Family assistance and informal services are included)	Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Core activities in daily living
	6.00								Wake up, wash the face, help for cooking, give alms to monks
	7.00	Elderly and family jointly do the OT/ PT activities.	Elderly and family jointly do the OT/ PT activities.	Elderly and family jointly do the OT/ PT activities.	Elderly and family jointly do the OT/ PT activities.	Elderly and family jointly do the OT/ PT activities.	Family assistance	Family assistance	Do the OT/PT activities
	8.00	Meet the doctor as per the appointment.		Meet the physical therapist for walking rehabilitation.		Meet the physical therapist.	Meet friends and do the activity that the elderly is interested in.	Make merit at the temple with family. Join family activity or arrange the home environment.	Take shower, have breakfast.
	10.00 - 12.00		PCU's officers visit the home.			Participate in the elderly club's activity.			Lunch at 12.00.
	13.00				The volunteers visit the home.				
	15.00							Relaxing activities in the afternoon.	
	18.00								
	20.00								
	22.00								Take shower, have dinner. Go to bed.
Care plan developer:						I have agreed to follow this care plan.			
						Year Month Date Name			

Record of the care conference			Date of record: Year Month Date			
Name			Name of person in charge			
Conference date: Year Month Date			Venue:		Time:	
Number of the conference:						
Participants	Organization (field of work)	Name	Organization (field of work)	Name	Organization (field of work)	Name
Topics to be considered (Living goals)						
Details of the consideration and discussion						
Summary						
Future problems and issues						

Monitoring form

Year Month Date

Living goals	Result of the monitoring/ Current conditions	Evaluation	Future support measures

Sample case no. 1

- This elderly has the left-sided paralysis due to the stroke. After being discharged from the hospital, the symptoms have never appeared. The elderly can practice walking actively at home.
- Walking is difficult because the muscles of the left legs are so weak and the feet always trip.
- This elderly can talk with other persons and can understand well. However, she/he cannot do the daily activities that need the carefulness well due to her left-sided paralysis.
- Thus, she/he has to use the right arm in doing every activity which she/he cannot do it fluently.

Sample case no. 2

- “Signs of dementia” firstly appeared in the first half of the last year (almost one year).
- At first, the elderly always walked away without destination and got lost.
- Currently, the elderly cannot walk. She/he has to claw within a house.
- During the conversation with the elderly, she/he has forgotten that she/he already had lunch and asked for it again.
- This elder person does not have time recognition. She/he answered that she/he is 17 years old.
- She/he can talk but is confused with the sequence of events.

Sample case no. 3

- This elderly has been with the stroke for many years and has the right-sided paralysis.
- This elderly feel suffered from the effects of not using body parts and muscles.
- The swallowing ability has declined and the nutrition condition has become worse.
- Has the tracheostomy for phlegm suction according to the planned schedule.
- This elderly needs to be in bed most of the day.



Elderly rights in Constitutional Law/ Labor Law

Lesson 14: Elderly rights in Constitutional Law/ Labor Law

Learning Objective:

- **General Objective**

In order that the participants have knowledge and understanding of the elderly rights in accordance with the laws.

- **Specific Objective**

The participants are able to,

1. Explain the elderly rights under the Constitution of the Kingdom of Thailand, Buddhist Era 2550 (2007).
2. Explain the Notification of the Ministry of Public Health regarding the Health Hazardous Businesses No. 6 on the Elderly Care service at Home B.E. 2553 (2010).
3. Explain the labor laws that relate to the elderly.

Target:

The participants have knowledge and understanding of the laws that relate to the elderly.

Subject:

1. Elderly rights according to the Constitution of the Kingdom of Thailand, Buddhist Era 2550 (2007)
2. The Act on the Elderly, B.E. 2546 (2003)
3. The Notification of the Ministry of Public Health regarding the Health Hazardous Businesses No. 6 on the Elderly Care service at Home B.E. 2553 (2010)
4. Labor laws that relate to the elderly

Period: Theory: 1 hour

Teaching Model / Method:

- Lecture
- Question and answer in large group

Activity / Process:

1. The instructor introduces the lesson starting with questions on the current situation of laws that relate to the elderly with the use of a presentation file showing the sample of the elderly news on media. And explain the participants to understand the current situation of the current laws that relate to the elderly.

2. All participants brainstorm and discuss the laws that relate to the elderly; then, summarize the groups' ideas and present.

3. The instructor summarizes and gives recommendations.

Instruction Media / Material:

1. Care Manager Training Program Manual
2. Training material: presentation file, poster, pamphlet, newspaper's news

Recommendation for Instructor:

1. The instructor should prepare the news of the elderly-related laws broadcasted through different channels so that the participants are interested in learning and sharing their opinions.

2. The learning activity should focus on the participation and engagement of all participants.

Assessment:

1. Observe the participation in group discussion.
2. Observe the participation in group activities.
3. Assess from questioning and answering.

Knowledge Sheet 14.1

The Constitution of the Kingdom of Thailand, B.E. 2550 (2007)

The Constitution of the Kingdom of Thailand

The Constitution is the supreme law enacted as a basis for the administration of the State. The major measures that relate and cover the elderly development work missions are as follows:

Directive Principles of Fundamental State Policies – The State shall act in compliance with the following social and economic policies;

Section 80 (1): The State shall provide aid and welfare to the elderly, the indigent, the disabled or handicapped and the destitute person for their better quality of life and ability to become self-reliant.

Section 84 (4): The State shall provide a comprehensive savings system for old age living to the public and State officials.

Rights to Public Health Services and Welfare

Section 53: A person who is over sixty years of age and has insufficient income for living shall have the right to welfare, public facilities as fitting for such person's status and appropriate aid from the State.

Rights in Judicial Process

Section 40 (6): A senior person shall have the right to appropriate protection in judicial process and shall have the right to appropriate treatment in cases relating to sexual violence.

Roles of Local Government Organization

Section 281: The State shall encourage local government organizations to become the principal public services provider.

Section 283: Local government organizations have the powers and duties to maintain and provide, in general, public services for the benefit of the people in localities and shall enjoy autonomy in laying down policies and provision of public services, with regard to the compliance with the development of Changwat and the country as a whole.

References and sources of additional information

Department of Health. **Long-Term Elderly Health Care**. Bangkok: The Agricultural Co-operative Federation of Thailand., LTD., 2010

Knowledge Sheet 14.2

The Act on the Elderly, B.E. 2546 (2003)

The Act on the Elderly, B.E. 2546 (2003)

The Act on the Elderly, B.E. 2546 was enacted and became in force on January 1, 2004. It was enacted by virtue of Section 54 of The Constitution of the Kingdom of Thailand, B.E. 2550 which states that a person who is over sixty years of age and has insufficient income for living shall have the right to appropriate aid from the State. This act mainly focuses on the elderly protection ensuing that they shall have right to access fair and equal welfares as a security of freedom. Section 11 stipulates twelve rights of the elderly while Section 16 stipulates that any child taking care of his/her elderly parents shall be entitled to tax deductions. Under this act, the elderly shall have, in total, thirteen rights which cover 3 perspectives of the elderly work development.

Rights to receive social service, protection, promotion and support

The elderly shall have right to access the following protection, promotion and support: medical and public health services particularly provided by taking account of convenience and rapidness for the elderly; education, religions and useful information and news for their living; self-development and participation in social activities, grouping together as a network or community; assistance for any elderly person facing danger of torture or unlawful exploitation or abandonment; extensive provision of housing, food and clothing where necessary; extensive and fair provision of monthly old-age pension; assistance in holding their traditional funerals; and consultation for the judicial process. Regarding the old-age pension, the regulation of the National Committee for the Elderly on the Criteria of Elderly Allowance Payment, B.E. 2552 (2009) which became in force on February 22, 2009 was enacted. It stipulates that an eligible person who has right to receive the allowance is Thai nationality who is over sixty years of age, does not receive any welfare from the State, and is not a resident of the Government Homes for Older Persons. The Department of Local Administration, Bangkok Metropolitan Administration, and Pattaya Municipality have the duties to allocate a monthly living allowance of 500 baht to each eligible person (Effective April 1945).

Rights to receive economic promotion and support

The elderly shall have right to access the following promotion and support: appropriate occupations or occupational training; and tax deductions for any child who takes care of his/her elderly parents.

Rights to receive public facilities and services

The elderly shall have right to access the following promotion and support: facilities and safety directly rendered to the elderly in buildings, places, vehicles or other public services; appropriate support for transport fares; and exemption from entry fees to government places.

References and sources of additional information

Department of Health. **Long-Term Elderly Health Care**. Bangkok: The Agricultural Co-operative Federation of Thailand., LTD., 2010



Roles and ethics of care manager

Lesson 15: Roles and ethics of care manager

Learning Objective:

- **General Objective**

In order that the participants have knowledge and understanding of the roles and ethics of elderly caregiver.

- **Specific Objective** **The participants are able to,**

After the training the participants have knowledge and understanding of the roles and ethics of the elderly caregiver. They also have awareness, positive attitude, morality and ethics in providing care for the elderly, and are able to take care of the elderly efficiently.

Subject:

1. Roles and duties of care manager
2. Definition of ethics
3. Ethics of elderly caregiver
4. Ethical elements of caregiving for the elderly

Period: Theory: 1 hour

Teaching Model / Method:

- Lecture
- Practice

Activity / Process:

- The instructor introduces the lesson starting with conversation.
- The instructor gives a lecture, then talks, asks questions, gives examples and shares idea with the participants.
- Ask the participants to practice following the learning topics.

Instruction Media / Material:

- Document / Manual
 - Training material: presentation file
 - Worksheet
- Etc.

Recommendation for Instructor:

- The learning activity should focus on the participation and engagement of all participants.

Assessment:

- Test the knowledge, attitude and behavior.
- Observe the participation and behavior of the participants.
- Share the interest and opinion.
- Assess from questioning and answering.

Knowledge Sheet 15.1

Roles and ethics of care manager

Qualifications of care manager

1. Must not be less than 25 years of age.
2. Have at least a bachelor's degree in medicine or nursing or nursing and midwifery or have a diploma in nursing or nursing assistant, and must have at least 3 years of work experience.
3. Have a bachelor's degree in other fields or a nursing assistant diploma and must have at least 3 years of elderly work experience.
4. Be not a person who behaves inappropriately or lacks good morality. And have no history of elder or patient abuse.
5. Have a medical certificate affirming that the person is healthy and is not insane, incompetent, or drug-addicted.

For the operation, the care manager has the following abilities/ roles.

1. Prepare the necessary information of the elderly who need help both actively and defensively.
2. Assess and screen.
3. Develop the individual care plan and weekly plan.
4. Arrange the care conference.
5. Coordinate with related persons to ensure the implementation of the care plan.
6. Team building.
7. Manage and monitor (including supervising the care workers).
8. Evaluate the work plan and systematic performance for further development and improvement.

Note: One care manager supervises 5 - 7 care workers and at least 30 - 35 target elderly.

Knowledge Sheet 15.2

Ethics of care manager

Ethics = Good + Dharma

Ethics is a system of natural moral principles practiced by human morality. It creates the goodness and public order in society. In brief, it could say that ethics is the rules that the people should follow. The person with ethics is the person who has clean and pure mind and is dedicated. It is the righteous behavior.

The human ethics are composed of 3 elements as follows:

- Knowledge and understanding of the moral reasoning – This is the ability to distinguish between right and wrong.
- Moral attitude and belief – This is the satisfaction, faith and belief to apply the ethics as the guidelines in practice.
- Moral conduct – This is a part that a person decides to do or not to do in different situations. It is believed that the decision to do or not to do is influenced by the abovementioned 2 elements.

Ethics of car manager are as follows:

1. Responsibility – Be responsible for providing care for the elderly.
2. Honesty – Sincerely behave including manners, speech, and thought.
3. Gratitude – Be grateful and repay the elderly and the hiring person as well as to respect the elderly's rights.
4. Discipline – Control the behavior and action to be appropriate.
5. Devotion – Leave the selfishness and share with others as much as possible.
6. Industriousness – Have a great effort to well complete every task. Be diligent and patient. Do not give up easily.
7. Compassion and mercy – Be sincere, loving, compassionate, and sympathetic. Always have a good wish for the elderly.

Ethical elements of caregiving for the elderly

1. Realize the value of the elderly so that they live their life with dignity and pride.
 - Pay respect and realize the value of seniority.
 - Accept the aging that it has changed due to the natural life cycle and accept the individual differences.

- Maintain the ability of the elderly as long as possible by promoting the abilities of physical functions. Accept the ideas or needs of the elderly.
 - Treat the elderly as they are a normal person who has the rights to receive quality and fair health services as same as the other age groups.
2. Provide the elderly care with the following states of mind.
 - Loving-kindness - is active goodwill towards all.
 - Compassion - is a desire to help others from suffering and pain.
 - Sympathetic joy – is the feeling of joy when others are better and happy.
 - Equanimity – is even-mindedness and serenity. Do not interrupt or make others feel uncomfortable or feel of being violated.
 3. Study for more knowledge and academic advancement regarding the elderly matters, ethics, and others.
 4. Love and believe in the career of being a caregiver as it is one of the useful jobs for humanity.
 5. Be aware of the code of conduct and be responsible for the code of conduct to promote the quality of elderly care provision services.

Source: Article “Ethics in Elderly Care Nursing”, www.dd-nursinghome.com, 13 October 2011.

Worksheet 15.1

Instruction

1. The participants are divided into 2 – 3 groups (6 – 10 members each) to do the role-play activities being the care managers, in each topic/ issue.
2. Each group draws lots to select a topic/issue.
3. Select the members to act as an older person and caregiver. After the role-play activities, ask the group's members to share the opinions toward the roles of care manager.
4. Conclude the practice and lessons learned from the role-play activities
5. Gather the information and submit to the working team.



- **Site visit and
practice in
service facilities
and communities**

Lesson 16: Site visit and practice in service facilities and communities

Learning Objective:

In order that the elderly caregivers have knowledge, understanding and a good attitude, and are able to apply the knowledge and skills in providing care for the elderly correctly and efficiently.

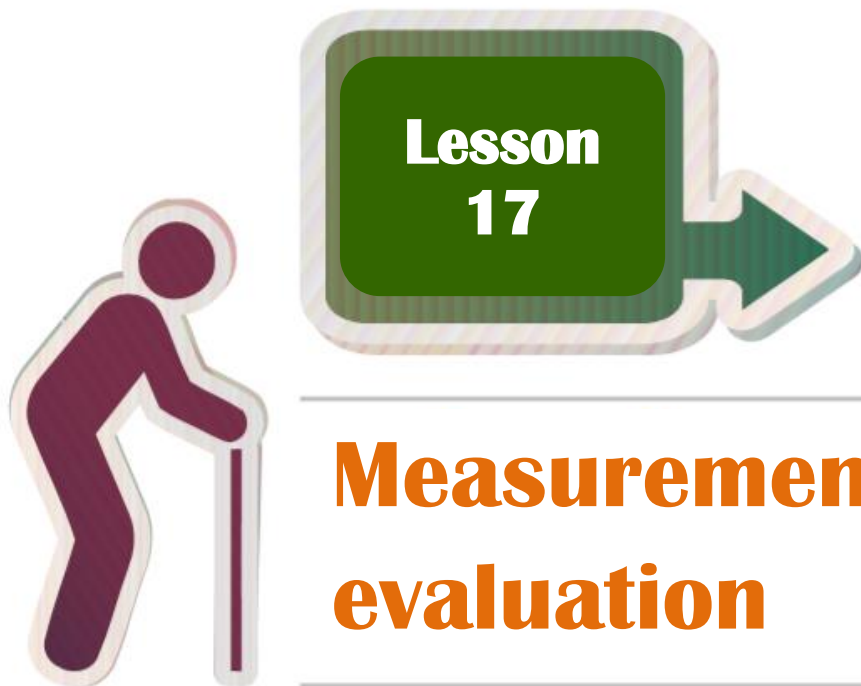
Subject:

- In facility (Practice: 3.5 hours) (In community 3.5 hours)

To practice based on the knowledge in lesson 1 - 13 in providing care for the target elderly by following the seven steps of care management procedures as follows:

- (1) Approach (find a case who needs help, screen, intake work).
- (2) Assess (ICF, TAI). Or assessment of home-bound elderly, bed-ridden elderly and the elderly who are in need of long-term care with the use of assessment forms defined by the program.
- (3) Develop a care plan (concept of the recipient, living problems, goal setting, assistance details, and weekly plan).
- (4) Prepare the services according to the care plan and start.
- (5) Monitor (regularly visit the recipient to check the situation and condition of assistance).
- (6) After the monitoring, if necessary, re-assess the recipient.
- (7) Complete the process (when the care management steps have been completed done, evaluate the care plan to check whether it is appropriate to the case or not).

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Lesson 17

Measurement and evaluation

Lesson 17: Measurement and evaluation

Learning Objective:

- **General Objective**

To assess or measure the level of knowledge, understanding, attitude, morality, ethics, and practical abilities in providing care for the elderly.

- **Specific Objective**

To assess or measure the level of knowledge, understanding, attitude, morality, ethics, and practical abilities in providing care for the elderly in order to develop the quality elderly caregivers who effectively work for the better life quality of the elderly.

Target:

This teaching program aims that the participants understand the objectives, subjects' contents, methods of measurement and evaluation as well as the criteria for the assessment of knowledge, understanding, attitude, and practical abilities in providing care for the elderly.

Subject:

- Theoretical test and evaluation
- Practical test and evaluation
- Practical skills test and evaluation
- Ethical and moral test and evaluation

Period: Theory: 4 hours

Teaching Model / Method:

- Test

Activity / Process:

1. The participants are required to do the theoretical test and evaluation.
2. The participants are required to do the practical test and evaluation.
3. The participants are required to do the practical skills test and evaluation.
4. The participants are required to do the ethical and moral test and evaluation.

Instruction Media / Material:

- Theoretical test
- Practical test
- Ethical and moral test

Evaluation Criteria

- To pass the theoretical test and evaluation: the score must not less than 80%.
- To pass the practical test and evaluation: the score must not less than 80%.
- To pass the practical skills test and evaluation: the score must not less than 80%.
- To pass the ethical and moral test and evaluation: the score must not less than 100%.

Assessment:

(1) The participants must attend each class for at least 80% and pay the training fee which is defined by the institution in order to be eligible to sit for the test and evaluation. The participants who are eligible for the final examination must follow these rules.

A. The participants must take the exam on the scheduled date, time and venue set by the institution. If the participants miss the exam for no good reason the result will be “fail”.

B. The participants must use the answer sheet provided by the examiner and are not allowed to copy the questions or take the answer sheet out of the examination room.

C. The participants will be able to enter the exam room only when the invigilator allows.

D. The participants will be able to leave the examination room temporarily only when the invigilator allows.

E. The participants are not allowed to take the exam if they are late for 30 minutes or more and are not allowed to leave the exam room until the exam paper is completed.

F. The participants must follow the other examination rules as defined by the examiner.

G. If anyone is found any sign of exam cheating, the invigilator has the authority to order such person to terminate the examination. Such participant will be given “Failure”

immediately. And the invigilator must report the case to the institution in order to consider and make the decision together with the Program Administration Committee for the penalty.

(2) A grading system is used for each subject: the participants must get at least 60% to pass the test.

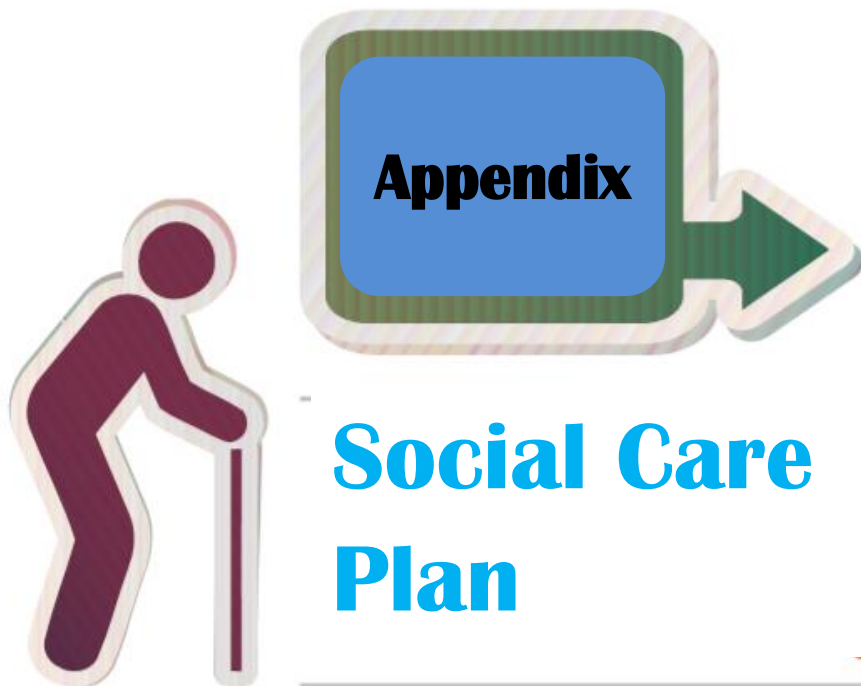
(3) Example of grading

1. Assess from the in-class or on-site (study visit) idea sharing, questioning, and suggesting (10 points).

2. Assess from the presentation on the concepts and methods relating to the subjects in class (30 points).

3. Assess from other activities' performance such as project, assignment, group work (20 points).

4. Assess from the test and evaluation (40 points).



Social Care Plan

- ☐ Group A: The elderly who are dependent and are receiving the help and support
☐ Group B: The elderly who are dependent and waiting for help and support

Social Care Plan for the Elderly

(Individual Plan)

Elderly care center in the community (Central home for the elderly)

Name of TAO

District Province

Elderly name

Name of volunteer

Sub-center Moo Community

Address no. Moo Community.....

Sub-district District

Province

Elderly Information

1. Name - Surname Age Years
Religion Address no. Moo
Community Sub-district District
Province Postal code Telephone Number

2. Status ☐ Single ☐ Married and live together ☐ Widowed/ divorced
(Spouse's name)

3. Education level ☐ No education ☐ Elementary
 ☐ Secondary ☐ Others (specify)

4. Talents

5. Main occupation ☐ No occupation ☐ Agriculture
 ☐ General employment ☐ Trade
 ☐ Others (specify)

6. Income (Can select more than one item)
 ☐ No income ☐ Agriculture
 ☐ General employment ☐ Trade
 ☐ Children ☐ Elderly living allowance
 ☐ Disability living allowance ☐ Others (specify)

7. Total income (approximately) Baht/ month

8. Family members who live in the same house have problems and trouble.

☐ No

☐ Yes Person (s)

Identify the problems of individual person.

1)

2)

3)

9. Number of the children, grandchildren and family members of the elderly who actually live in the same house Persons

No.	Name - Surname	Age	Relationship	Occupation	Income per month
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Problems of the elderly

(Can select more than one item)

1. Physical Health

- ☐ Cannot help themselves and do not have a caregiver.
 - ☐ Partially independent = home-bound group
 - ☐ Dependent = bed-ridden group
- ☐ Have chronic diseases and need to see the doctor frequently but do not have anyone to be a companion.
- ☐ Have disabilities and unable to do daily activities (specify)
- ☐ Others (specify)

Summary: Physical health

1.
2.
3.

2. Mental Health

- ☐ Depression
- ☐ Worry
- ☐ Feel easily angry/ irritable
- ☐ Others (specify)

Summary: Mental health

1.
2.
3.

3. Memory

- ☐ Dementia
- ☐ Forgetfulness
- ☐ Others (specify)

<u>Summary:</u>	Memory problems
	1.
	2.
	3.

4. Social dimension

- ☐ Have no children to take care of (lack the caregiver).
- ☐ Do not receive the care and attention from the family members.
- ☐ Be abandoned.
- ☐ Be left to live alone.
- ☐ Be physically abused.
- ☐ Be mentally abused.
- ☐ Be cheated.
- ☐ Do not participate in social activity or socialize with the neighbors in the community.
- ☐ Need to take care of the family members alone, for example, raise the grandchild, take care of the old-old or dependent spouse, etc.
- ☐ The family member is disabled or paralyzed.
(Please specify)
- ☐ The family member living in the same house has problems or trouble.
(Please specify the problems)
- ☐ Others (specify)

<u>Summary:</u>	Please specify the social problems
	1.
	2.
	3.
	4.
	5.
	6.
	7.
	8.
	9.
	10.

5. Economic dimension

- ☐ Have no income.
- ☐ Be poor or have insufficient income for living.
- ☐ Have no occupation.
- ☐ Need to do work but do not have funds.
- ☐ Need to do work but have the unhealthy condition.
- ☐ Have to be responsible for all expenses in the family.
- ☐ Others (specify)

<u>Summary:</u>	Memory problems
	1.
	2.
	3.
	4.

6. Residence and surroundings

- ☐ Have no residence.
- ☐ Have no money to pay the rental fee.
- ☐ Residence is in the dilapidated condition that needs to be repaired.
- ☐ Residence is damaged due to the disaster and needs to be repaired.
- ☐ The inside condition is not suitable for daily living of the elderly, for example, there is no handrail in the toilet, the floor is uneven, the toilet is the squat toilet, the stairs have no handrails and are steep, etc.
- ☐ Do not have a bathroom or toilet.
- ☐ Do not have the electricity.
- ☐ Do not have the tap water
- ☐ The surrounding area is not safe which may be dangerous in doing daily activities.
(Please specify)
- ☐ Others (specify)

<u>Summary:</u>	Memory problems
	1.
	2.
	3.
	4.
	5.

7. Other problems (if any)

Please specify	1.
	2.
	3.
	4.
	5.

<u>Summary:</u>	Other problems (if any)
	1.
	2.
	3.

8. The important problems that the elderly have been had from the past up to present. And the organization that provides help and support, regularly.

8.1 Problem
Organization
8.2 Problem
Organization
8.3 Problem
Organization
8.4 Problem
Organization

Elderly Care Plan

Name-surname of the older person Name-surname of the volunteer

No.	Problems of the elderly (Specify the description)	Assistance	Number of assistance	Person in charge		Period of Assistance Provision Star - End
				Main	Joint	
1						
2						
3						
4						

No.	Problems of the elderly (Specify the description)	Assistance	Number of assistance	Person in charge		Period of Assistance Provision Star - End
				Main	Joint	
5						
6						
7						
8						

No.	Problems of the elderly (Specify the description)	Assistance	Number of assistance	Person in charge		Period of Assistance Provision Star - End
				Main	Joint	
9						
10						
11						
12						

No.	Problems of the elderly (Specify the description)	Assistance	Number of assistance	Person in charge		Period of Assistance Provision Star - End
				Main	Joint	
13						
14						
15						

Sign

(.....)

Chairman of Sub-center Moo.

Date..... Month..... Year.....

Sign

(.....)

Community Development Officer

Date..... Month..... Year.....

Sign

(.....)

Director of the Elderly Care Center in

Community (Central Home for the Elderly)

Date..... Month..... Year.....

Elderly Care Monitoring Meeting

Name-surname of the older person Name-surname of the volunteer

No.	Problems of the elderly	Meeting resolution	Next process	Person in charge	
				Main	Joint
1					
2					
3					

No.	Problems of the elderly	Meeting resolution	Next process	Person in charge	
				Main	Joint
4					
5					
6					

Sign

(.....)

Primary Volunteer

Date..... Month..... Year.....

List of volunteers who attend the conference

1.

2.

3.

4.

Sign

(.....)

Community Development Officer

Date..... Month..... Year.....

Summary of the Care and Support according to the Plan

For the ☐ First Half Month..... Year.....
 ☐ Latter Half

No.	Name – Surname of the elderly	Main problems	Care and support during the past half month	Date/Month/Year of the Monitoring Meeting	Care and support that need to be provided in the next half month
1					
2					
3					

No.	Name – Surname of the elderly	Main problems	Care and support during the past half month	Date/Month/Year of the Monitoring Meeting	Care and support that need to be provided in the next half month
4					
5					

Sign

(.....)

Chairman of Sub-center Moo.

Date..... Month..... Year.....

Sign

(.....)

Community Development Officer

Date..... Month..... Year.....

Sign

(.....)

Director of the Elderly Care Center in

Community (Central Home for the Elderly)

Date..... Month..... Year.....

Elderly Care Report

Month Year

Name-surname of the older person Name-surname of the volunteer

No.	Problems of the elderly (Specify the description)	Care result (Specify the description)	Date/Month/Year of the care provision	Next process	Remark/ Notice
1					
2					
3					
4					

No.	Problems of the elderly (Specify the description)	Care result (Specify the description)	Date/Month/Year of the care provision	Next process	Remark/ Notice
5					
6					
7					
8					

No.	Problems of the elderly (Specify the description)	Care result (Specify the description)	Date/Month/Year of the care provision	Next process	Remark/ Notice
9					
10					
11					
12					

No.	Problems of the elderly (Specify the description)	Care result (Specify the description)	Date/Month/Year of the care provision	Next process	Remark/ Notice
13					
14					
15					

Sign

(.....)

Chairman of Sub-center Moo.

Date..... Month..... Year.....

Sign

(.....)

Community Development Officer

Date..... Month..... Year.....

Sign

(.....)

Director of the Elderly Care Center in

Community (Central Home for the Elderly)

Date..... Month..... Year.....

Care for the Older People

Warm & Welcoming Services

Standard Services made with Heart

Care for the Older People:

Understand, Approach and Reliable