



# COULD PROFESSIONALS AND VOLUNTEERS OF THE SOCIAL AND HEALTH CARE NETWORK ASSESS THE NEEDS OF INFORMAL CAREGIVERS OF PERSONS WITH DEMENTIA (IC-D) MORE EFFECTIVELY ?

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Shortage of healthcare professionals

and family caregivers (PePA)

• 155'000 people with dementia in Switzerland in 2019
 • projection x2 until 2050 (Association Alzheimer Suisse 2019)

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• 60% live at home with the support of one or more informal caregivers and various professionals and volunteers (Association Alzheimer Suisse 2019)







# Background

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IC-D have a significantly higher risk of negative health
 and quality of life outcomes (Brodaty and Donkin 2009; Perrig-Chiello, Höpflinger et al. 2010; Schulz and Martire 2004)



subjective burden and health problems of IC-D have a
 direct impact on the risk of early institutionalization (Gaugler,
 Kane et al. 2003) and abuse (Wiglesworth, Mosqueda et al. 2010)



# Informal carevigers of a person with dementia...

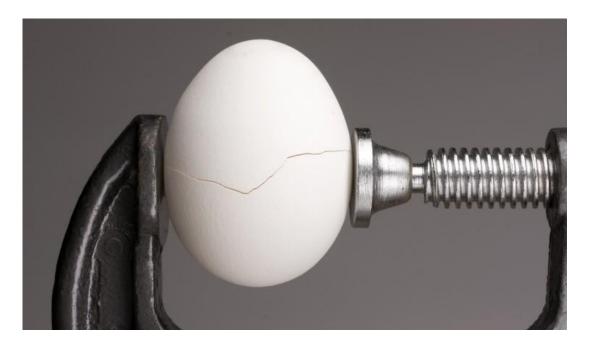


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... are under pressure

Shortage of healthcare professionals and family caregivers (PePA) ...have many and varied needs that are difficult to identify

...often ask for support too late, and lack information

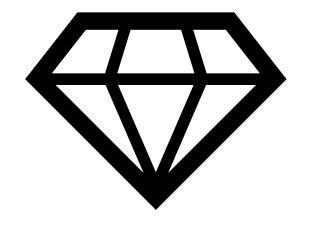






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IC-D are indispensable treasures, as they provide highly individualized and flexible care to their sick loved ones. Without them the health care system would not work!

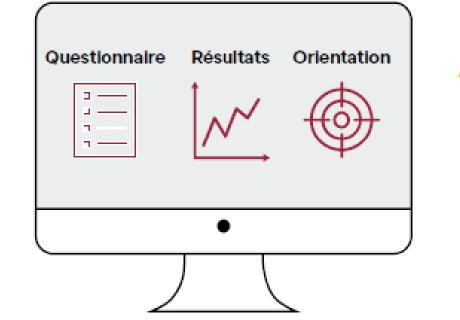




Aim

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> Shortage of healthcare professionals and family caregivers (PePA)



Plateforme en ligne

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The overall goal of the project MeetMyNeeds is to develop an online plateform for a systematic, accurate and comprehensive assessment of the needs of IC-D, and to refer them to relevant services.





# **Research** question

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What are the strenghts and the limitations in current pratices in the assessment of IC-D needs ?



B From the perspective of professionals/volunteers



From the perspective of IC-D







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Survey 1 (online)

#### <u>Thematics</u>

- Use of systematic tool
- Consistency within organization
- Duration
- Training
- Reassessment
- Storage
- Transmission
- Feedback



Survey 2 (online/paper)



#### <u>Thematics</u>

- Easy to find support
- Interest / lack of interest of providers for their needs
- How their needs are assessed

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#### Who responded to survey 1

- 63 support providers
- Diversity of profiles



- Working in this activity: 2 to 35 years
- Meet between 1 and 110 IC-D per year

	n	%
Nursing	29	46
Social work	17	27
Volunteers	5	7.9
Neuropsychologist (3) or psychologist (1)	4	6.4
Physicians (2 general practictioners, 1 geriatrician, 1 psychiatrist)	4	6.4
Ergotherapist	2	3.2
Pharmacist	1	1.6
Spiritual councellor	1	1.6

#### Who responded to survey 2

• 36 IC-D

• Between 25 and 87 years old



- Highly diversified levels of education
- IC-D for 4 months to 15 years
- IC-D from 1 to 168 hours/week

Relationship with the cared person	Details	n	%
Spouses	12 wives and 8 husbands	20	55.5
Child	9 daughters and 1 son	10	27.8
Other family member	1 daughter-in-law, 1 granddaughter, 1 unspecified	3	8.4
Other relationship	1 friend, 1 ex-husband	2	5.6



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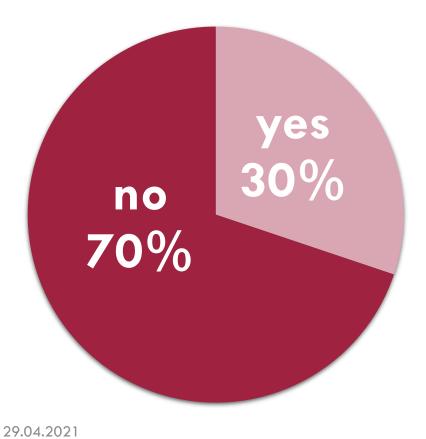






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### Use of systematic tool (N=63)



- Interview guide (n=3)
- Tool or grid (n=4)
- Internally developed tool (n=2)
- Systematic assessment of patient's needs (n=7)
- Systematic tool focused on IC-D (n=4)
- Systematic needs assessment (n=2)
- Ask questions (n=15)
- Listen to needs (n=11)
- Discuss with IC-D (n= 6)
- Needs spontaneously told by IC-D (n=6)
- Analyze the situation (n = 5)
- Observe IC-D (n= 3)

Shortage of healthcare professionals









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### Consistency within organization (N=63)

Each person does it differently (n = 13)
Closely related to the lack of a common tool (n = 6)

« Nous ne disposons pas d'une grille ou procédure spécifique pour évaluer les besoins des proches aidants au sein de notre organisation. Ainsi, chaque assistante sociale évalue différemment les besoins des proches aidants. » <sup>ID 21</sup>

• Tools are available, but they are not used consistently (n = 3)

Shortage of healthcare professionals and family caregivers (PePA)

yes 59%



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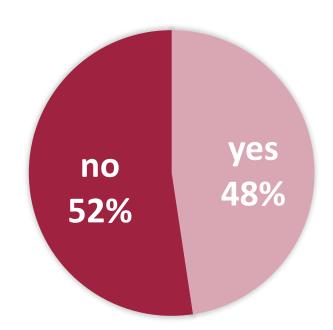
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## Duration (N=55)

Training (N=55)

- median 45 minutes (Q1 = 15, Q3 = 75)
- $\frac{1}{4}$  report using 15 minutes or less (27.3%, n=15)





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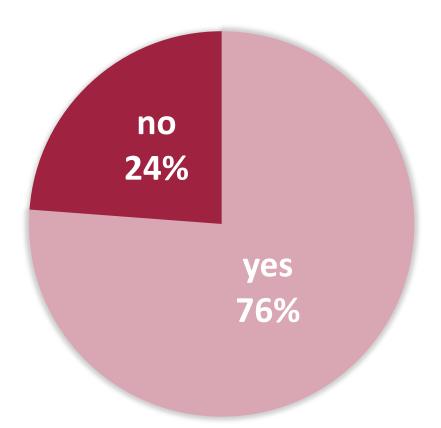
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Reassessment (N=63)



	n = 30
after 1 week	3
< 1 month	8
1-3 months	10
3-6 months	4
6-12 months	5

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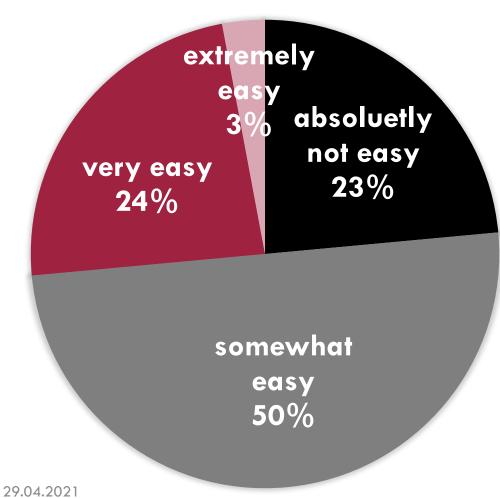






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## Easy to find support (N=34)





- Lack information and support
- Difficulty to find appropriate support
- Well-informed by physician, coordination center, course for IC-D or family member
- Information must be proactively searched
- Represents a significant workload
- Gap between knowing about help and receiving it
- Administrative difficulties are often an obstacle
- Excellent care and follow-up from social and health network

IC-D working in care
 "I think my profession helped me to know quickly where to get the help we needed."









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#### Interest / lack of interest for they needs (N=36)

healthcare professionals and family caregivers (PePA) Shortage of

	1	
Aide et soins à domicile	12	2
Association Alzheimer	n	
Pro senectute	9	
Médecin généraliste	8 3	
Foyer de jour	7 2	
Haute école de santé	4	
Psychologue/ Psychothérapeute	3	
EMS - Courts-séjours	2	
Hôpital	2 1	
Neuropsychologue	0	
Pharmacien	0	
Physiothérapeute	1	
Croix-Rouge	11	

 $\rightarrow$  IC-D report that a majority of providers consider their needs, particularly within dementia organizations

- Receiving information, advice or answers to their questions (n = 11), concrete help (n = 5), discussions (n = 5), visits, contacts or follow-up (n = 5)
- Feeling listened to (n = 3), the attention they received was kind or empathetic (n = 3)
- Providers were available (n = 2) or understanding (n = 2)
- Lack of support or information (n = 6)
- Lack of comprehension for their situation (n = 4)
- Solutions not adapted to their needs (n = 2)
- Interested contacts (e.g. for organization) (n = 2)







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## How their needs are assessed (N=21)

- Nearly two-thirds of IC-D described how professionals/volunteers evaluate their needs (58.3%)
- asking questions (n = 10)
- talking with them (n = 6)
- listening to them (n = 1)



... during an interview (n = 4), contact by phone (n = 2), during a visit (n = 2) or by setting up a medical follow-up (n = 1).







healthcare professionals caregivers (PePA) Shortage of and family





Providers do assess the needs of IC-D



Average 45 min to do so

70% of providers use NO systematic procedure

100% have NO specific tool to asses the needs of IC-D

Most IC-D perceive interest for their needs

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Some IC-D perceive a lack of individualization of the support, a focus on the person with dementia or feel instrumentalized π



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healthcare professionals

Shortage of

and family caregivers (PePA)

Discussion – strengths & limitations

**Novelty:** very few studies about evaluation practices

**Sample diversity:** various professions and volunteers working in diverse organizations + different profiles of IC-D

**Triangulation:** integration of two points of view

**Generalization?** Study conducted only in the canton of Fribourg π

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## Our conclusions

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An online plateform would allow



empowering IC-D in becoming aware of their needs and identifying the support services relevant to them

reducing provider's burden in keeping their human skills for more specific tasks (in-depth evaluation, support, most vulnerable IC-D...)







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