
Elderly Commission

Report of the Ad Hoc Committee on Home Care

Executive Summary

Introduction (Chapter 1)

It has all along been the HKSAR Government's policy to encourage the elderly to age at home as far as possible. To help families look after their elderly members, the Elderly Commission approved the setting up of an Ad Hoc Committee on Home Care (Ad Hoc Committee) to review and propose improvements to our care services for elderly people living at home.

Terms of Reference and Membership

2. The Ad Hoc Committee was set up in October 1998 with the following terms of reference:

- (1) To review the effectiveness of existing home help services in providing home-based care services to the elderly living at home and to examine the feasibility of re-engineering and upgrading home help service to home care service.
- (2) To examine, review and improve the interface between home help service and other community support services, such as day care centres, day hospitals, visiting health teams, multi-service centres for the elderly, etc. with a view to providing the elderly living at home with an integrated care service.
- (3) In re-engineering home help service, to explore the possibility of more intensive use of volunteers.
- (4) To advise the Secretary for Health and Welfare and Director of Social Welfare on the implementation of pilot schemes to develop an integrated home care service.
- (5) To undertake any task in relation to community care services for the elderly assigned by the Elderly Commission.

3. The Hon HO Mun-ka was elected convenor of the Ad Hoc Committee. Other members included Mrs Peggy LAM, SBS, JP; Dr FANG Sum-suk Marion, JP; Dr WU Wai-yung Raymond, JP; Dr SHUM Ping-shiu, JP; Mr WAN Man-yee, JP; Prof Iris CHI; Ms HO On-nei, JP; Mr LAI Kam-cheung, JP; Prof HUI CHAN Wan-ying; Dr CHAN Cheung-ming Alfred; Ms Rosita LAI; Ms NG Shun-shun; Ms HUI Yee-man Esther; Ms Irene HO; Mr CHUNG Wai-tong Andy and representatives of the Hospital Authority (HA) and relevant bureaux and departments.

Existing Community Support Services (Chapter 2)

4. Existing community support services for the elderly living at home and their carers mainly include home help service, day care centres for the elderly, multi-service centres for the elderly, elderly health centres, visiting health teams, geriatric day hospitals, community geriatric assessment teams, psychogeriatric teams, support teams for the elderly and respite service for the elderly.

5. To develop more comprehensive home care and community support services, the Government commissioned the University of Hong Kong in March 1998 to conduct a consultancy study on Review of Care Services for Elderly Living in the Community. The findings and recommendations of the consultancy study have been examined by the Ad Hoc Committee.

Review of Community Support Services (Chapter 3)

6. The Ad Hoc Committee has reviewed the existing community support services for the elderly and identified several areas which require improvement. Such inadequacies include fragmentation of services, lack of a gate-keeping mechanism and comprehensive care plans, as well as insufficient community care services.

7. The Ad Hoc Committee recommends that the existing mode of service provision should be revamped in the light of users' needs. This may include integration of medical and health as well as social services for the elderly, and enhancement of the quality of home care service to enable the frail elderly to remain at home.

Concepts and Principles of the Policy on Care for the Elderly Living at Home (Chapter 4)

8. The Ad Hoc Committee has examined the basic concepts of the existing policy on elderly services and points out that the core concepts for home care service should include the following:

- "Ageing in place" is central to the policy on elderly services. A place to call home is vital to the well being of the elderly and underlines the concept of ageing in a familiar environment.
- The family plays a pivotal role in care for the elderly living at home. The Government should encourage families to take care of their elderly members and render assistance and support to them as far as possible.
- To uphold the principle of helping others help themselves, continuum of care should include the concept of rehabilitation to assist the elderly to lead an independent life. The Ad Hoc Committee recommends that apart from re-engineering the existing community support services for the elderly including day care centres, home help service and residential care service, the Government should consider introducing other support services such as transport, residential and day respite, community rehabilitation, half-way house on discharge, etc. in order to provide a continuum of services to elderly people in need.
- To put the concept of continuum of care into actual practice, the Government must step up information dissemination and public education, especially publicity and promotion of community care services, so as to arouse public awareness towards the fact that elderly people can choose to stay at home other than living in residential institutions. Publicity should also cover care and respect for the elderly as well as recognition of the needs of carers.
- In the integration of elderly services, all working personnel involved should have a comprehensive understanding of the various types of services on offer, ascertain the needs of the elderly, and provide services for them accordingly. In addition, professionals should remove their professional barriers and work hand in hand with other front-line workers. More comprehensive professional services should be made available to the elderly through training, supervision and transfer of skills to front-line workers. However, the issue of legal liability should be given due attention in the transfer of skills.

- Home care workers have to accept the change of service culture in that they have to work in an unfamiliar and probably restrained home environment which is different from working in an institution.
- The Government should provide services in accordance with the genuine needs of the elderly, and should respect the wishes of the elderly and their families as far as possible.
- The Government should promote and develop empowerment of the elderly so that elderly people and their families will be in a better position to monitor the quality of elderly services.
- The Government should consider charging those who can afford fees that reflect the service costs.

Existing Home Care Models (Chapter 5)

9. A briefing was held on 11 February 1999 to give members of the Ad Hoc Committee a better understanding of some existing home care models. At the briefing, four representatives from relevant organizations were invited to explain their existing modes of providing care services for the elderly living at home and to listen to views on the future direction of home care service.

10. The home care models presented at the briefing session included “Home Care Assistance Service”, a self-financing model administered by St. James’ Settlement; a pilot project on “Ageing in Place”, a model operated by Haven of Hope Christian Service by pooling up the resources of all its service units to provide comprehensive care for the elderly under the case management approach; “Care for the Elderly Living Alone”, a model run by the Association for Engineering and Medical Volunteer Services which made effective use of services provided by volunteers from the engineering, medical and allied health professions; and “Community Care for the Elderly – Service Collaboration among Housing, Social and Medical Sectors”, a model operated by the Salvation Army which combined the efforts of different elderly service units in the district.

Proposed Mode of Future Home Care Service (Chapter 6)

Target Clients

11. Similar to the existing home help service, the target clients of home care service will also include three main categories, namely the elderly, the disabled and families in need.

12. Taking into account the elderly people’s need for long-term care, the Ad Hoc Committee proposes that home care service should mainly be planned and provided for elderly people with mild or moderate impairments. A flexible approach should also be adopted to take care of elderly people with serious impairments as far as practicable. Social workers should encourage and arrange priority access to residential care service for elderly people with serious impairments.

Meal Service

13. The Ad Hoc Committee notes that the cost of a meal provided by home help teams is presently as high as \$85, of which food and fuel account for only \$10, while the remaining \$75 is staff cost. In view of the ageing population and limited resources, the Ad Hoc Committee proposes that the existing mode of meal service, which forms part of the

community care services for the elderly, should be revamped to enhance its cost effectiveness. Nevertheless, meal related care services such as feeding should not be overlooked under the new model.

Scope of Service

14. The Ad Hoc Committee agrees that the Government should continue to provide the existing home help services, such as personal care, escort, household cleaning, laundry, shopping and delivery service. In addition, to take care of the frail elderly in need of such services, the Government should also enhance the personal care and nursing components of future home care service to enable these elderly people to continue living at home.

Developing a Gate-keeping Mechanism

15. The Social Welfare Department (SWD) has commissioned consultants to help develop a set of assessment tools acceptable to all service providers and formulate a plan for implementation of a gate-keeping mechanism, which is expected to be in place by early 2000. The Ad Hoc Committee proposes that with the support of the gate-keeping mechanism, comprehensive care plans should be drawn up for the elderly in need with a view to paving the way for the provision of one-stop services to the elderly.

16. The Ad Hoc Committee urges the Government to discuss with relevant organizations the implementation of the gate-keeping mechanism as soon as the assessment tools are developed, so that the elderly in need will receive the most appropriate services.

Health Care Support

17. The Ad Hoc Committee has examined the need for long-term care service from the elderly living at home, and affirms the importance of providing home-based nursing care to the elderly in need.

18. At present, community nursing service provides home nursing to meet the specific care needs of the target group, while other simpler nursing tasks can mostly be taken up by home care workers. The major role of nurses is to provide training and supervision for home care workers, draw up nursing care plans, conduct regular assessments of the performance of home care workers, and provide the required support, including emergency support, as appropriate. Only a few types of more complicated nursing tasks require the direct service of nurses.

19. The Ad Hoc Committee is aware that some elderly people living at home do need occupational therapy. For discharged patients and those using hospital services, community occupational therapy service is provided by HA. For other elderly people living at home who need occupational therapy, the visiting health teams of the Department of Health (DH) have planned to provide them with home assessments and other preventive occupational therapeutic services.

20. The Ad Hoc Committee has also examined the need for home-based physiotherapy service. Similar to community occupational therapy service, physiotherapy service is provided by HA's community physiotherapists for discharged patients and those using hospital services. Members of the Ad Hoc Committee are of the view that although some elderly individuals living at home may also need physiotherapy service to maintain their health, the demand for home-based intensive physiotherapy is not great. Besides, community nurses are available for provision of home-based rehabilitation services. Simple

rehabilitation services can also be provided by the home care workers under the proposed home care services under the guidance and supervision of nurses. For elderly people requiring more complex and intensive physiotherapy, arrangements should be made for them to use the facilities available in day hospitals or day care centres for the elderly.

Proposed Mode of Service Delivery

21. The Ad Hoc Committee agrees that a fixed mode of service delivery is not necessary. The Ad Hoc Committee recommends that the existing mode of input control should be changed to output monitoring with the service standards set by the Government. Under the output monitoring system, service organizations will put forward different innovative proposals, and SWD will select the service providers on the basis of service quality and price. In this way, the service providers selected can make flexible use of the resources obtained to provide different forms of care services.

22. The Ad Hoc Committee notes that in overseas countries, meal service is usually separated from home care service.

23. Since the cost of providing meal service is too high under the existing mode of service delivery, the Ad Hoc Committee recommends that the meal service of new home help teams should be allocated through competitive open bidding in order to increase the cost-effectiveness of the service. The Government should be responsible for monitoring the service quality and any meal related care services such as feeding should be specified clearly in the contract.

Staff Training (Chapter 7)

24. The Ad Hoc Committee has reviewed the existing staff training mechanism and opines that SWD should expand its training programmes and increase the number of training courses. Apart from promoting the culture of caring for the aged and enhancing awareness and recognition of the need to do so, the training courses should provide additional health care knowledge and skills to enhance the care-giving ability of the staff. The Ad Hoc Committee also suggests that all staff involved in elderly services should receive basic induction training. The Government should provide in-service training as continued education. Consideration should also be given to offering incentives to staff who have received such training.

Fee-charging Principle (Chapter 8)

25. After reviewing the demerits of existing fee-charging system, the Ad Hoc Committee suggests that users of care services who can afford to pay should be charged fees that reflect the service costs. In line with the user-pay principle, such an arrangement can allow resources to be more effectively allocated to elderly people who are most in need but cannot afford to pay.

26. Under the new fee-charging arrangements, service users can enjoy the services after their care needs are ascertained. Better-off clients will be charged a higher cost; for those with financial difficulty, the Ad Hoc Committee suggests that they may pay less by undergoing simple procedures of income and asset assessment. The exact amount to be charged will depend on their financial situation.

Follow-up Issues (Chapter 9)

Support Services for Carers

27. To implement the policy of “ageing in place”, the Ad Hoc Committee suggests that the Government should enhance the support and training for carers and families with elderly members. A working group will be established under the Health and Welfare Bureau with input from relevant departments and organizations to look into the matter.

Health Care Support

28. The Ad Hoc Committee is mindful of the need to provide health care support for the elderly living at home. The Ad Hoc Committee agrees that home care teams should establish a formal partnership with district health care units and that a regulating and coordinating mechanism should be set up in order to provide the necessary support to the elderly.

29. To discuss in greater depth the policy on medical and health care services for the elderly, an “Ad Hoc Committee on Medical and Health Services for the Elderly” will be established under the Elderly Commission. The Ad Hoc Committee suggests that it should follow up, inter alia, all health care support required by the elderly living at home; explore the feasibility of establishing a regulating and coordinating mechanism for the cooperation between home care teams and district medical and health care units; deal with the division of responsibilities and interface between HA and DH in the provision of health care support services, and training issues pertaining to the cultural change in the provision of home-based care services.

Proposed Establishment of a Standing Committee

30. There is a need to establish a standing committee to monitor and evaluate the implementation and provision of services under the new subvention mode for home care services.

Re-organization of Existing Home Help Service

31. The Ad Hoc Committee notes that the revamped subvention mode and output monitoring system will start with new service units. The re-organization of the existing home help service will depend on the evaluation outcome of the new mode and will be carried out at about the same time as that of other social welfare services.

32. The Ad Hoc Committee notes the arrangements and hopes that re-organization of the existing home help service can be accomplished as soon as possible.