

Foreword

Established in July 1997, the Elderly Commission (EC) is tasked with the responsibility to advise the Government of the Hong Kong Special Administrative Region (HKSARG) on policies and services for the elderly. This report provides a round-up of the work done by EC since its establishment.

Over the past two years, EC has focussed its main tasks on assessing the demand of the elderly for housing and residential care services and mapping out a strategy to meet their long-term needs, as well as reviewing the existing home help service and making recommendations to re-engineer the service to improve service quality and cost efficiency. These tasks were conducted through two ad hoc committees whose work will be covered in the section ‘Review of EC’s Work’ of this report.

To meet the specific care needs of the demented elderly and elderly with depression, and to address the relatively high elderly suicide rate in Hong Kong, a working group was set up to study these problems. The working group made a number of recommendations to heighten the community’s understanding of these problems and strengthen the preventive efforts.

In addition, EC has rendered its advice to HKSARG on other issues relating to the policies and services for the elderly, including the MEDISAGE scheme proposed in the consultancy report on Hong Kong’s health care system, the

provision of carer support, day respite service, elderly health service, social networking service, “Opportunities for the Elderly” project, Senior Citizen Card Scheme, etc.

To publicize the theme of “Towards a Society for All Ages” in the International Year of Older Persons 1999 (IYOP), EC set up a Central Co-ordinating Committee to oversee the launching of five territory-wide events and over seven hundreds district activities. I am very grateful for the enthusiastic response and support from the community to our coordinating efforts.

In the coming year, EC will focus its attention on some elderly issues requiring longer-term planning. Our main direction is to support the Government’s policy objectives of providing “a sense of security, a sense of belonging and a feeling of health and worthiness” to the elderly. I have no doubt that our members will, based on their own expertise, continue to provide expert advice to the Government. On behalf of EC, I would like to express our gratitude to the Government departments and non-governmental organizations concerned for their support and assistance.

TAM Yiu-chung

Chairman of the Elderly Commission

2 March 2000

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Report on the Work of the Elderly Commission

1997 – 1999

The Elderly Commission

In 1997, HKSARG designated “Care for the elderly” as one of its three Strategic Policy Objectives, with the aim of providing the elderly with a sense of security, a sense of belonging, and a feeling of health and worthiness.

2. EC was established in July 1997. Its responsibility is to advise the Government on the policies and services for the elderly. The terms of reference of EC is at Appendix 1.

Organization and Membership

3. There are 19 non-official and ex-officio members in EC. Non-official members include academics, social workers, medical and nursing professionals and community leaders in social services. Ex-officio members include representatives from Health and Welfare Bureau, Housing Bureau, Education and Manpower Bureau, Housing Department, Department of Health and Social Welfare Department. The EC membership list is at Appendix 2.

Aim and Objective of the Elderly Commission

4. The primary aim and objective of EC is to assist HKSARG, through rendering appropriate advice, in formulating effective policies and programmes to meet the challenges brought about by an ageing population. To strengthen our care for the elderly, we need to improve their quality of and zeal for life, step up

the inter-generational communications and implement the Government's policy objectives of providing the elderly with a sense of security, a sense of belonging and a feeling of health and worthiness.

5. In line with the global trend, Hong Kong's population is ageing. In 1998, the Government estimated that there were 0.93 million people aged 60 or over, comprising 14% of the total population. In ten years' time, the figure will increase to 1.22 million, comprising 16% of the total population. In 2016, the number of population aged 60 or over will reach 1.62 million, comprising 20% of the total population. Rapid ageing of the population is an unprecedented phenomenon. We need to plan ahead and be well prepared to provide sufficient and appropriate services for the future elderly population.

Review of EC's Work

6. Upon its establishment, EC has set in motion a review of the provision of elderly services in Hong Kong. We are of the view that Hong Kong has made good efforts in providing social security for the elderly, and providing them with housing, medical, residential and community care services, etc. However, these services are provided by different departments and non-governmental organizations and lack co-ordination in implementation. Some services cannot meet the growing needs of the ageing population.

7. In the past two years, EC focussed its attention on measures to improve existing elderly services. Among them are the setting up of two ad hoc

committees, one to assess the demand of the elderly for housing and residential care services and recommend a strategy to meet the long-term needs and the other to review the existing home care service and explore ways to re-engineer the service to improve service quality and cost efficiency. Besides, EC has deliberated on how to take better care of those elderly who have specific care needs, e.g. demented elderly and elderly with depression. And appreciating the burden shouldered by families in taking care of their frail elderly at home, EC has also made recommendations to the Government on expanding carer support services.

8. Through strengthening the policies and programmes on elderly housing, residential care services, home help service, carer support, etc., EC has been moving towards the direction of developing long-term care services for the elderly.

9. The details of EC work are summarized under the three policy objectives of providing a sense of security, a sense of belonging and a feeling of health and worthiness to the elderly.

SENSE OF SECURITY

10. In 1997, EC recommended that additional assistance should be provided to those Comprehensive Social Security Assistance (CSSA) elderly recipients to meet their basic needs. As a result, the CSSA standard rate for elderly recipients has been increased by \$380 per month from April 1998.

11. In search of the ways to help finance the long-term care service for the elderly, EC organized a study tour to Japan in September 1998 to learn from Japan's experience in addressing the problem of its ageing population. In November the same year, EC hosted a seminar on "Long-term Care Development and Financing". After the release of the Harvard Report in May 1999, EC has met twice to deliberate on the proposed MEDISAGE scheme in the report. To tap the international experience before formulating its views on the whole question of long-term care for the elderly, EC has sponsored a 2-day workshop organized by the Hong Kong University on 11 and 12 January 2000, with participation of twelve experts from six overseas companies/places. The workshop has examined the aspects of policy, financing arrangement, programme planning and service delivery relating to long-term care for the elderly.

SENSE OF BELONGING

A. Housing for the Elderly

12. In October 1997, EC set up an Ad Hoc Committee on Housing and Residential Care Services to assess the elderly's demand for these services and recommend a long-term strategy to meet the needs. The Ad Hoc Committee completed its work in October 1998. The Executive Summary of the report is at Appendix 3. On housing for the elderly, the Committee recommended that housing allocation policies should be so designed as to provide elderly people in need, as well as families taking care of their elderly members, priority access to public housing. The Committee also recommended that policies should be devised to encourage private developers to provide housing units with suitable

facilities for the elderly.

13. In regard to housing allocation policies, the Housing Authority accepted the recommendations of EC and the following improvements for the benefit of the elderly have been introduced-

- qualified applicants of the Families with Elderly Person Priority Scheme are allowed to select public rental housing in the urban areas.
- higher priority for subsidized home ownership schemes (e.g. Home Ownership Scheme, Private Sector Participation Scheme, Home Purchase Loan Scheme) has been given to households with elderly members.
- a target has been set to reduce the waiting time of all eligible elderly households for public rental housing to two years by 2007.

14. EC has also recommended the following housing initiatives for the Government's consideration-

- the launching of a Senior Citizen Residence Scheme providing 500 residential flats with integrated care and support services for the elderly. Scheduled for completion in 2001, the flats will be leased to middle-income elderly on a "lease for life" basis.
- the implementation of a programme to provide specially designed housing units with warden service for able-bodied elderly persons.
- the development of a pilot scheme for provision of elderly housing by private sector developers.
- the development of a specialised model to project housing demand of

the elderly.

15. The launching of these initiatives will complete in one or two years' time. For instance, construction of the Senior Citizen Residence Scheme flats will commence in 2000 at Ngau Tau Kok and Tseung Kwan O while the projection model for housing demand of the elderly has already been put in place.

B. Residential Care Services

16. On residential care services for the elderly, the Committee noted the inadequacies as manifested in the following phenomena-

- a long waiting list for subsidized Care & Attention (C&A) places and correspondingly long waiting time.
- uneven standard of services offered in private residential care homes, which looked after more than half of the elderly residing in care homes.

17. The Committee recommended a strategy comprising immediate, medium and longer-term measures to reduce the waiting time for subsidized residential care services and to encourage private residential care homes to upgrade their service quality. These measures are set out in paragraphs 18 – 26 below.

Immediate measures

18. These include increasing the supply of subsidized residential care places and upgrading the service quality of private residential care homes.

19. To increase the supply of subsidized beds, a total of 4,300 new subsidized residential care places have been made available up to the end of June 1999, of which 1,200 places are purchased from the private sector. The average waiting time has been reduced from 28 months in July 1997 to 17 months in October 1999.

20. For upgrading the service quality of private residential care homes, the Committee recommended an Enhanced Bought Place Scheme be introduced. The Scheme has proven to be a success in providing an incentive for private care homes to improve their service quality. By October 1999, a total of 275 private care homes have been licensed, providing about 21,000 care beds. In comparison, there were only 16 licensed private care homes offering 1,600 beds in July 1997. As to the remaining 200 odd private care homes still on Certificate of Exemption, EC has endorsed a plan to require all residential care homes to be licensed by March 2001.

Medium-Term Measures

21. These include introducing demand management measures and cost-efficiency measures.

22. Effective demand management measures to ensure that resources are targeted at those in need are being pursued by -

- introducing a gate-keeping mechanism that will help identify and prioritise elderly in need of care service. A standardized assessment tool is being developed and would be ready by early 2000.
- launching a 3-year pilot scheme to implement the “Continuum of

Care” model in 2000. This model aims to enable the elderly to grow old in a familiar environment, obviating the need for their being moved to other institutions upon deterioration of their health.

23. Cost-efficiency measures to cut down the cost of the residential care programmes are also being pursued by -

- increasing the supply of subvented residential care places through the addition of beds in existing subvented C&A homes. So far, agreement in principle has been obtained from parties concerned to add 275 beds to 15 C&A homes in 1999/2000.
- reviewing the schedule of accommodation for new C&A homes to rationalize the space standard so that the capital cost of providing C&A places can be reduced.

Longer-Term Measures

24. These include pursuing a Premises-led Programme and stepping up manpower training for elderly care workers.

25. To provide suitable premises for use as residential care homes for both the subvented and private sectors under a Premises-led Programme, premises have already been secured for over 5,200 places from 2002 to 2008 in public housing estates and urban renewal and railway-related development projects of the Land Development Corporation, Kowloon Canton Railway Corporation and Mass Transit Railway Corporation. It has also been agreed that requirements be imposed for provision of residential care home premises in selected sites under the

2000/01 land sale programme. Furthermore, discussions with private developers on various initiatives, such as the granting of bonus plot ratio, are underway, to encourage them to provide residential care home premises in their developments.

26. On manpower training, an interdepartmental Working Group has been formed to review the training needs of workers providing nursing and care services to the elderly in need. The Working Group will submit a report for EC's deliberation.

C. Community Support Services

Re-engineering of Home Help Service

27. An Ad Hoc Committee on Home Care was set up under EC in October 1998 to review the current mode of delivery of the home help service and to identify ways to re-engineer the service to improve its quality and cost-efficiency.

28. The Ad Hoc Committee completed its work in June 1999. The Executive Summary of the report is at Appendix 4. The Committee recommended that-

- the two major components of the home help service, i.e. meal delivery and personal care services, be separately provided in future. This arrangement will enable employment of less expensive workers to deliver meals so that the higher-salaried home helpers can, with training, concentrate on providing more and enhanced personal care services for the elderly living at home.
- to maximize competition, operators of the two services be selected through competitive bidding. To achieve cost-efficiency, service

providers will have flexibility in deciding how to provide the services to meet the needs of the elderly clients.

- the home care services be given enhanced nursing and allied health professional support. This represents an improved interface between medical and health services and welfare services for the elderly.

29. The new home care teams have commenced operation in December 1999 while the meal teams will start functioning in February 2000.

Carer Support

30. Following EC's endorsement of the setting up of two Carers' Support Centres to provide information, training and emotional support to people who are taking care of elderly at home, the two centres were opened in early 1999. They offer support to individual carers as well as organizations engaged in providing elderly care services. They also develop carer support packages for use by other elderly community centres e.g. multi-service centres.

Day Respite Service

31. With EC's support, a new day respite service was introduced to provide relief to family members taking care of their frail elderly. The original plan was to launch a three-year pilot project to provide day respite service in five day care centres. Due to the enthusiastic response from the welfare sector, the pilot project has been expanded to cover 12 day care centres which started providing day respite service in October 1999.

FEELING OF HEALTH AND WORTHINESS

Elderly Health Services

32. After consultation with EC, the Government has committed to establishing 18 Elderly Health Centres (EHCs) and 18 Visiting Health Teams (VHTs) by March 2000. EHCs adopt a family medicine approach to provide multi-disciplinary preventive as well as curative health service to the elderly. All 18 EHCs are now in operation.

33. VHTs provide outreaching health education and promotion service to the elderly and their carers. The teams pay regular visits to community centres, residential care homes and public housing for the elderly to promote health education. The 18 VHTs are also in operation.

Elderly Dementia and Depression/Suicide

34. Recognizing that the demented elderly have specific care needs and Hong Kong has a high elderly suicide rate, a working group comprising EC members, medical and welfare professionals, academics and Government departments was convened in August 1998 to study the two issues of elderly dementia and depression/suicide. The working group submitted its reports to the EC in July 1999, copies of which are attached at Appendices 5 and 6 respectively.

35. The working group recommended, inter alia, that a structured, multi-disciplinary approach be taken to address the two issues. Public awareness should be raised towards the psychological and social needs of the elderly. Families should be alert to the early signs of dementia and depression in the elderly. Training of formal carers and medical and health professionals to detect these traits

should be strengthened. Early medical intervention and outreach support to vulnerable elderly as well as comprehensive research on detailed profiles of the elderly committing suicide are also recommended.

36. Steps are taken to implement the recommendations of the working group. Three TV APIs to promote public awareness of elderly depression and dementia have been produced by SWD, with the launching ceremony held on 16 October 1999. A multi-disciplinary study on the causes of elderly suicide will be carried out. Action is in hand to examine ways to improve training for front-line staff, allied health personnel, medical professionals and informal carers, to better equip them for handling depression cases and the demented elderly.

Active Ageing

37. To promote a sense of worthiness among the elderly, EC has discussed and endorsed various initiatives. The significant ones include -

- setting up of Support Teams for the Elderly in all existing and new multi-service centres to strengthen the provision of social networking services. These teams also help promote elderly volunteerism through elderly volunteer programmes. As at July 1999, about 22,000 vulnerable elderly have been networked while 6,000 elderly persons have been engaged as senior volunteers.
- launching of a three-year “Opportunities for the Elderly” project in 1999 to provide financial assistance to community organizations to run service projects for elderly people in need. Up to March 1999, a total of 260 projects have been carried out benefiting 264,000 elderly

persons.

- a review of the working relationship between social centres and government departments in the provision of social and recreational programmes for the elderly. This has resulted in measures being drawn up to improve liaison and interface among the parties concerned so as to deliver the services in a more effective manner.
- commissioning of a consultancy study on the Senior Citizen Card Scheme to increase the penetration rate of the Scheme and encourage greater participation by corporate sponsors. SWD is now mapping out a PR strategy to re-launch the Scheme so as to elevate its public profile.
- taking a lead to celebrate the IYOP. Overseen by a Central Co-ordinating Committee under EC, a total of 5 territory-wide and over 700 district events have been launched. Coupled with a publicity drive to promote the theme of IYOP - "Towards a Society for All Ages", the activities have achieved the desired effect of arousing the community's awareness on the need to care for and respect the elderly
- commissioning a consultancy study on the elderly's quality of life. The study will provide input from the service users' perspective the major determinants of quality of life so that service priority can be planned accordingly in future. The consultants will put forward their recommendations to the Government in mid-2000.

The Way Forward

38. As reported above, EC has concerned itself with reviewing and improving the existing elderly services over the past two years. With EC's recommendations in this regard having been accepted by the Government, we expect that the provision of elderly services in Hong Kong will enter a new phase when these recommendations came into effect. This does not mean that we have fulfilled our mission in full. On entering the new century, in addition to continuing to advise the Government on improving the existing elderly services and programmes, EC will devote more efforts to study longer-term issues. We will study the multi-faceted needs of the elderly thematically and systematically, including financial support, health, housing, long-term care, education and retraining, employment, psychosocial, legal protection, recreation and sports etc. EC will also sustain the momentum built up in the IYOP to promote respect and care for the elderly and move us towards a society for all ages.