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Legislative Council Panel on Welfare Services

Support for Vulnerable Elders

Purpose

This paper outlines a multi-factor framework of elder abuse and suicide; sets out the strategies and programmes/services adopted by the Administration to provide support for vulnerable elders; and seeks members' comments on the strategies and programmes/services so set out.

Background

2. In 2001, Hong Kong has a population of over one million aged 60 and over. According to the 2001 General Household Survey, there are 110,400 one-elder households and 87,400 two-elder households aged 60 and over living in the community, some of whom may have little or no support from their family members or relatives.

3. According to the 'Report of Study on Elderly Suicide in Hong Kong' commissioned by the Befrienders International and undertaken by the University of Hong Kong in 1996, Hong Kong has one of the highest elderly suicide rates in the world. Based on the Report, more than 30 % of suicide deaths in the past decade involved persons aged 60 and over. The trend of elderly suicide has however stabilised in recent years, according to the findings of a study titled 'A Multi-Disciplinary Study on the Causes of Elderly Suicide in Hong Kong' commissioned by the Health and Welfare Bureau (HWB) in 1999.

4. The Elderly Commission's (EC) Report of the Working Group on Elderly Suicide published in July 1999 also put forward recommendations on publicity and public education, family support, training for professionals, outreach to vulnerable elders, depression intervention, compilation of database, research, as well as medical and health services for elders as preventive measures of elderly suicide.

5. Apart from elderly suicide, a total of 143 elder abuse cases were known to Social Welfare Department (SWD) and some Non-governmental Organizations (NGOs) during the period from October 1999 to February 2001. With socio-economic changes in recent years, which have a great impact on the

family structure and traditional pattern of care for the elders by their families, and with the rapid growth of the elderly population, the community needs to be more aware of and educated about the problems of elderly suicide and elder abuse, and to take preventive action accordingly.

A Multi-Factor Framework of Elder Abuse and Suicide

Factors Associated with Vulnerability

6. It is recognized that **socio-cultural values and structures** influence the vulnerability of elders to abuse and suicide. For example, ageism and sexism contribute to increasing the risk of elders to abuse and suicide. Negative stereotypes of older persons can translate into lack of societal and familial concern for older persons, social segregation, and denial of equal access to opportunities and resources. Changes in societal and family values may weaken intergenerational ties or diminish the roles and status of elders. The care-taking capacity of the family may also be reduced as a result of changing family size, rendering frail or financially dependent older persons vulnerable to abuse and suicide.

7. Apart from socio-cultural factors, research has also identified certain **risk factors** associated with an individual or family, that increase the likelihood of abuse or suicide. However, caution must be exercised so that these factors are not treated as the causes of abuse or suicide.

8. Understanding the risk factors of these destructive behaviours are crucial in drawing up preventive and intervention programmes and services for the elders. Early and effective intervention is important and hence healthcare, social service, law enforcement and other professionals should be trained to equip them in the identification and assessment of abuse and suicide. These include screening tools, protocols for referral and intervention and training resource kits.

Risk Factors for Elderly Suicide

9. In the Multi-Disciplinary Study on the Causes of Elderly Suicide in Hong Kong commissioned by HWB, ***depression*** has been identified as the most significant psychological factor on an elderly person developing suicidal wishes or a feeling that their life is meaningless. The risk factors that contribute to the elder's sense of depression may include poor health, poor self-rated financial state, unsatisfactory living arrangements, a decreased ability to look after themselves, and a lack of social support. The study finds that **an elder's ability to cope with stress**, either in terms of their health, living arrangements, financial status, or recent negative life events, is an important determinant of

whether such destructive thought will be put into action.

Risk Factors for Elder Abuse

10. Overseas studies show that both institutionalized and community-dwelling elders are vulnerable to abuse. In fact, perpetrators of elder abuse and neglect were found to be most often adult children, followed by spouses and other family members.

11. Elders who are vulnerable to abuse are characterized as having ***a measure of dependency*** and ***loss of autonomy***, as well as ***being in a situation of high risk***. Elders at risk are often mentally or physically impaired due to conditions such as dementia or disability. Other risk factors include poverty, living alone, and social isolation.

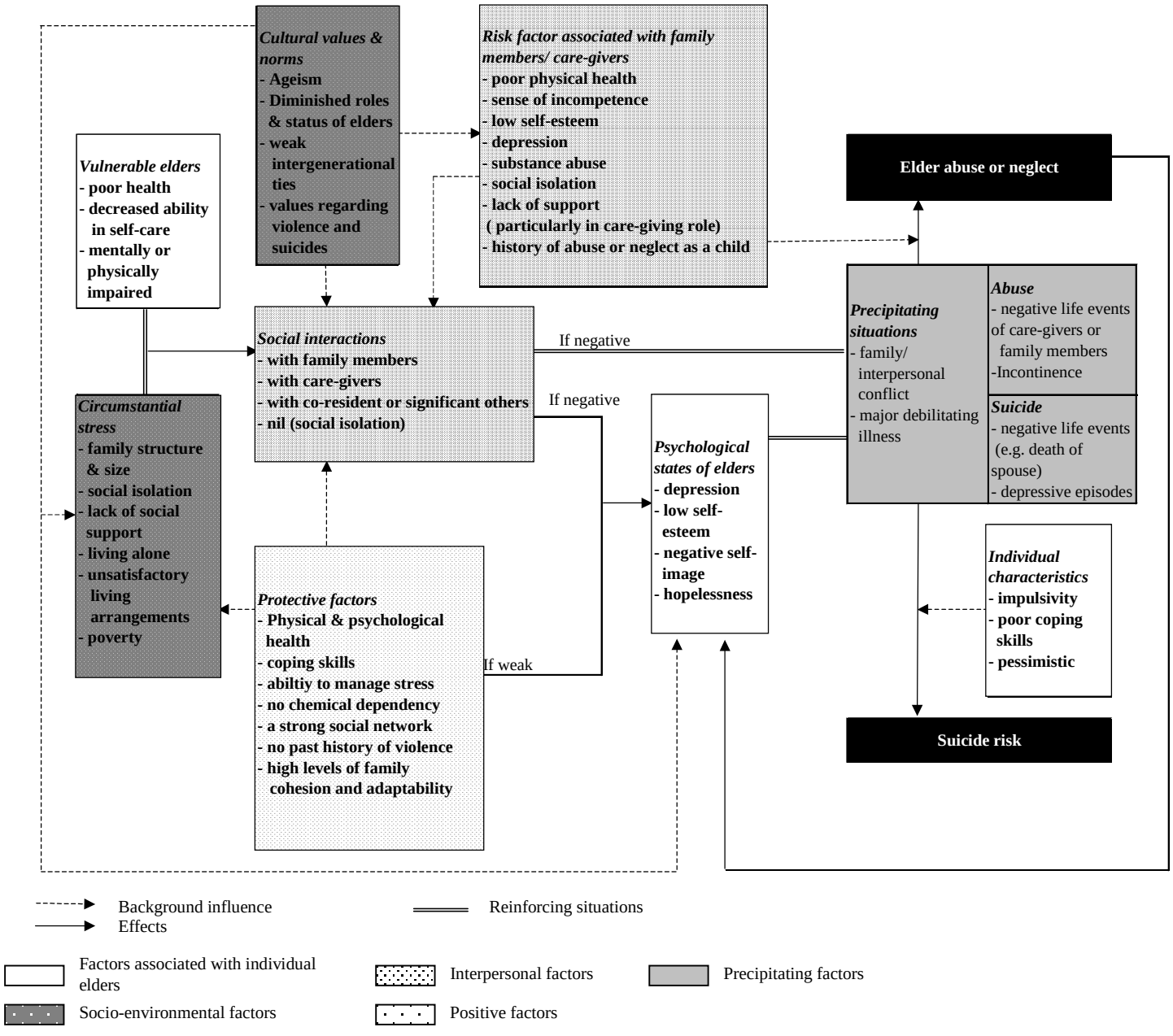
12. Risk factors associated with caregivers or family members, that may increase the likelihood of them abusing and neglecting dependent elders, include poor physical health, sense of incompetence, low self-esteem, depression, alcohol or drug addiction, social isolation, a lack of support, and a history of abuse and neglect as a child.

Protective Factors

13. Not all individuals or families with the risk factors are abusive, nor are all elders with the risk factors mentioned in paragraph 9 suicidal. There are some common **protective factors** that enhance resilience and serve to counterbalance or buffer the negative impact of risk factors. These include psychological and physical health, coping skills, the ability to manage stress, and no chemical dependencies. Community support, a strong social network, and high levels of family cohesion and adaptability are also important and effective buffers against vulnerability.

14. A graphic representation of the interaction between the risk and protective factors for elderly suicide and elder abuse is shown below:

A multi-factor framework of elder abuse and suicide



Prevention Strategies

15. The vulnerability of elders to abuse and suicide may be reduced by enabling them to **remain active and productive**, and continue to contribute to the society, community and family. **Raising public awareness**, **improving the image of ageing**, and **promoting respect and dignity** for older persons are also important strategies. They contribute to positive self-image and higher self-esteem of older persons, which buffer suicidal tendencies as well as against falling prey to abuse and neglect.

16. One of the most effective strategies is to enhance the resilience of the individual, the family and the community by **strengthening the protective factors**. According to the United Nations (UN), community efforts and informal support networks are increasingly involved in the fight against elder abuse and suicide, since it has been recognized that abuse/suicide is a community issue and a community responsibility.

General Prevention Strategies Adopted

17. With the objectives of strengthening the protective factors and reducing the risk factors associated with vulnerability to abuse and suicide, we have been adopting a number of general measures through various programmes and services that aim at changing undesirable societal norms and values such as ageism, improving the image of ageing, enabling elders to remain active and productive, enhancing the resilience of the individual, the family and the community, and generally improving the quality of life of elders –

(a) The Healthy Ageing Campaign, which was launched by the EC in late 2000, aims to arouse, through promoting a sense of personal responsibility, strengthening community action, creating a supportive environment, and improving the image of ageing, a greater sense of awareness in the individual and the community on the importance of healthy ageing.

(b) The Elderly Health Centres (EHC) and Visiting Health Teams (VHT) of the Department of Health (DH) conduct regular education programmes on mental health for community-dwelling elders to promote knowledge and awareness on ways to stay positive at old age, to cope with psychological changes of ageing, and the likely sources of family conflict, including practical ways of dealing with it.

(c) DH also provides carer programmes focusing on increasing awareness and improving techniques in dealing with older persons with suicidal intent and signs of depression. Special mental health topics for

carers of elderly with chronic illnesses and disabilities are also designed to help carers manage caring stress.

(d) For high risk elders attending EHCs, early detection and management is facilitated through health assessments, and application of specific clinical guidelines on elder abuse and elderly suicide.

(e) To promote care and concern for elders so as to maintain their psychosocial well-being, SWD mobilizes all existing community support service units for elders to provide appropriate welfare services to the vulnerable and frail elders living in the community. Among these, the existing two carers' support centres, 214 social centres for the elderly and 37 multi-service centres for the elderly, 39 day care centres, 139 home help teams, 25 home care teams and 18 enhanced home and community care teams etc., provide a network of support and care for vulnerable elders throughout the territory. Besides, 65 integrated family service centers/family service centers and 76 medical social service units operated by SWD and NGOs also provide assistance to the needy elders through counselling and arrangement of tangible services. Moreover, financial assistance is available for the eligible elders under the Comprehensive Social Security Assistance Scheme and the Social Security Allowance Scheme.

(f) SWD has also taken the following initiatives to further strengthen support and care for vulnerable elders:

(i) Support Teams for the Elderly

There are 37 Support Teams for the Elderly providing community support for the vulnerable elders through social networking and outreaching services. The activities conducted by the Support Teams include regular contacts, simple personal assistance, introduction of resources, emotional support and referrals for formal service. As at end of March 2002, over 57,000 vulnerable elders have been networked throughout the territory.

(ii) Senior Volunteer Programme

The Senior Volunteer Programme is organized by the Support Teams for the Elderly to promote senior volunteerism which helps to enhance the psychosocial well-being of elders. As at end of March 2002, over 11,000 elderly volunteers have been recruited.

(iii) Opportunities for the Elderly Project

Opportunities for the Elderly Project is a 4-year project launched by SWD from 1999 to 2002 with a Lotteries Fund grant of $15 million. The project provides subsidies to community organizations to plan and implement innovative programmes and activities to promote a sense of worthiness among elders. From 1999 to 2001, a total of 867 programmes were organized with a subsidy of $7.7 million. Over 310,000 elders benefited from the programmes.

18. Apart from these general strategies, there are also targeted strategies and measures for a focused response to the issues of elderly suicide and elder abuse.

Specific Strategies for Elderly Suicide

Towards a better understanding of elderly suicide

19. To enhance our understanding of the magnitude of the problem of elderly suicide, and to facilitate the planning of suicide prevention services and policy formulations, HWB has commissioned a Multi-Disciplinary Study on the Causes of Elderly Suicide in Hong Kong. The study has proposed, among other things, *the development of a diagnostic tool to identify high risk elders, strengthening of intervention at the primary care level by training, conducting more community outreaching to reach those vulnerable elders who are house-bound or cannot be reached by conventional methods, education of family members to look out for warning signals, and promotion of healthy ageing.* The programmes/services being offered and described in subsequent paragraphs incorporate many of these ideas.

Projects on Prevention and Handling of Elderly Suicide

Live Life – Joint Project on Prevention of Elderly Suicide

20. SWD has in conjunction with the Hong Kong Council of Social Service and the Hong Kong Psychogeriatric Association, co-organized a three-year "Live Life! Joint Project on Prevention of Elderly Suicide" since mid-2001, with funding support of $7.96 million from the Hong Kong Jockey Club Charities Trust (HKJCCT).

21. The Project consists of three components:

(a) Community Education Programmes in 2002 and 2003 on elderly

suicide and mental health, including intergenerational activities and programmes to enhance elders' participation and promote public awareness;

(b) an Asia-Pacific Regional Conference on Elderly Suicide Prevention to be organized in May 2003 to enhance the knowledge and skills of service providers in early identification and intervention of cases with high suicidal risk; and

(c) a three-tier Coordinated Model to provide territory-wide hotline service, volunteer visits, counselling from social workers and psychogeriatric service from a Life Clinic piloted in Sha Tin and Tai Po districts.

22. Subsidies have been provided to 46 projects for the Community Education Programme from various district organizations. The funded projects will be organized from March to December 2002. In addition, the three-tier Coordinated Model has commenced operation since December 2001. As at end of February 2002, 117 incoming calls were received by the hotline service. Among these calls, 51 cases eliciting genuine suicidal risks were handled.

Hospital Authority's (HA) Elderly Suicide Prevention Programme

23. To tackle the problem of elderly suicide from a mental health perspective, the Hospital Authority (HA) will be launching an Elderly Suicide Prevention Programme in October 2002. The Programme will enhance early detection and treatment of depression in elders, and provide intensive follow-up services through its fast track clinics to identified elders. There will also be a telephone hotline and crisis intervention for elders with suicidal risks.

24. The programme will be run as a two-tier service model. The first tier involves early detection and screening of elderly patients with suicidal risks in the community. These patients will then be referred to the second tier for specialist treatment by psycho-geriatricians at fast track clinics.

25. There will be five elderly suicide prevention teams to be based at five hospitals, namely the Castle Peak Hospital, Kwai Chung Hospital, Shatin Hospital, Pamela Youde Nethersole Eastern Hospital and Kowloon Hospital, treating about 700 elderly patients with suicidal risk every year.

Suicidal Crisis Centre

26. To further strengthen existing services and to fill service gaps, the Samaritan Befrienders Hong Kong (SBHK), in consultation with SWD, has devised a three-year pilot project for setting up a Suicidal Crisis Centre with a Lotteries Fund grant of $10.6 million. The Centre will provide round-the-clock outreaching and intensive crisis intervention services to persons of all ages, including elders with high suicidal risks. Besides, the SBHK will set up a Suicide Prevention Education and Resource Centre for three years with a grant of $5.15 million from the HKJCCT. These two new centres together with SBHK's current hotline will form a comprehensive three-pronged approach to tackle the problem of suicide, i.e. prevention through public education and publicity by its Suicide Prevention Education and Resource Centre; befriending and early identification by its hotline service; and immediate and intensive counselling by its Crisis Centre. The Crisis Centre has started to provide outreaching/intensive counselling to the cases referred by the agency's hotline since April 2002. It will gradually extend its services to the cases referred by other hotlines and other sources upon full operation of the Centre in June/July 2002. The agency will also enhance its hotline service through the deployment of staff to assist in manning the hotline, and also training of more volunteers to help out the hotline service.

Working Group on Suicide

27. An inter-departmental Working Group on Suicide is working to enhance understanding of the problem of suicide in general, including elderly suicide, and to examine the adequacy of existing strategies and programmes. It is chaired by HWB and comprises representatives from SWD, DH, HA, Education Department, Census & Statistics Department and others, as appropriate.

28. Under the guidance and support of the Working Group, a 6-month pilot Centralized Statistical Information System has been developed for the early collection and analysis of suicide death and attempted suicide cases since 1 January 2002. Also, funding support for a Centre of Suicide Research and Prevention at the University of Hong Kong is under consideration.

29. The Working Group is also studying individual service areas and the interface and coordination amongst the sectors, with a view to identifying areas for possible enhancement. In addressing the issue, reference will be made to the multi-factor framework. The objective is to develop integrated and coordinated programmes and services with a view to promoting public awareness, easing circumstantial stress, reducing risk factors associated with family members and care-givers, enhancing social and intergenerational

interactions, improving psychological state of individuals, strengthening protective factors, and addressing precipitating situations with appropriate and timely interventions. A protocol is being drawn up to promote the multi-disciplinary approach and inter-sectoral co-operation in the delivery of suicide-related services.

Specific Strategies for Elder Abuse

30. There is no universally accepted definition of elder abuse, and perceptions and the descriptive definition of elder abuse vary among groups across and within societies, reflecting distinctions between acceptable and unacceptable interpersonal and communal behaviour in different societies. Four categories of elder abuse are generally recognized in international studies, namely *physical abuse*, *emotional abuse*, *financial exploitation* and *neglect*. However, the range of actions, or inactions (with regard to meeting the needs of dependents) that are considered as abuse or neglect often varies across studies.

31. To respond to the problem of elder abuse, overseas experience shows that a variety of responses have been adopted, including public awareness programmes, legislative and judicial action, and prevention and intervention programmes. Generally speaking, response has been aimed at raising awareness and understanding of abuse of older persons, promoting respect and dignity for older persons, thereby protecting older persons' rights. Other measures include regulation of care, better identification of cases, care and treatment planning. They also seek to foster collaboration between response agencies and to encourage research.

32. An issue of discussion is whether there should be specific legislation to criminalize elder abuse. A recent UN study shows that practices vary across nations. In some countries, new legislation has been enacted to criminalize the abuse of elders and to increase penalties for certain crimes against older persons. In some cases, regulations and policies have been adopted to supplement state laws and to establish enforcement systems. In other countries, there is thus far little or no legislation designed specifically to protect older persons from abuse. Protection of vulnerable adults is usually provided through criminal laws, Mental Health Act, or existing legal provisions covering health services, community care, housing and property rights etc. It is found that in the US, specific state laws have been enacted to deal with elder abuse while in UK and Australia, elders are protected from abuse mainly through the general legislative framework.

33. Overseas experience shows that there are mixed views towards the enactment of specific elder abuse laws. Proponents advocate that abuse laws help to safeguard the rights of elders, clarify the powers of intervention for

health and social workers, outline the initial and long-term case management procedures and deter potential abusers. Opponents however regard them as an undesirable intrusion into the sanctum of family and violation of personal liberty. They argue that valuable resources are likely to be consumed by 'policing' families, rather than providing preventive and support services to them. Overseas experience shows that specific abuse laws may not be effective. According to the UN study, in some countries where there is specific elder abuse legislation, application of the legislation is not systematic or active, probably because abuse cases are difficult to detect and professionals as well as elders themselves are reluctant to report. In some countries, professionals in health and welfare sectors are legally required to report cases of suspected abuse of older persons, neglect or exploitation. The effectiveness of mandatory reporting to respond to and deter abuse of older persons is, however, in dispute. It is also recognized that in situations in which an older person is suffering from mental ill-health and is in need of assessment, resort to the law may be contraindicated.

34. In the case of Hong Kong, criminal offences committed against elders are prosecutable under existing laws. Given the complex inter-relationships between the elder and the abuser, the cultural context of our society which is likely to add to the difficulties of case detection and reluctance to report, and that we are organizing more integrated responses to elder abuse, it is important to consider the extent to which public awareness programmes, prevention and intervention strategies and existing laws can be used effectively to tackle abuse cases before considering specific elder abuse legislation. Our current priority is to promote and enhance public awareness of the problem of elder abuse, and focus on prevention and intervention strategies.

Early Identification

35. Early identification is important to reduce the harm, and to shorten the duration of abuse and neglect. Besides the risk factors, the consequences of abuse and neglect suffered by the victims are also important indicators for identification. These include physical injury, chronic eating disorders and malnutrition, self-harm or self-neglect, depression, fearfulness and anxiety, and suicidal tendencies. It is important that professionals and the general public alike do not dismiss these symptoms lightly or assume that these are due to old age or ill-health.

36. It is noted that elderly victims may be reluctant to report or admit to being abused for fear of reprisals from the abusers, or that the solution (e.g. institutionalization) may be worse than the problem itself. They may feel ashamed to admit to being abused by their own children and relatives, or assume the blame for the abuser's behaviour. Therefore, the professionals

have to be sensitive in dealing with the situations.

Projects on Prevention and Handling of Elder Abuse

37. With the support of SWD, Haven of Hope Christian Service and Caritas – Hong Kong have each implemented a three-year pilot project on prevention and handling of elder abuse from April 2001 with a grant of $2.7 million from the Lotteries Fund. They are tasked to provide community education, hotline service, volunteer visits, mutual support groups, short-term counselling and health promotion programmes to the elders, particularly those vulnerable elders at risk of being abused, as well as to formulate the agency's working procedures in handling elder abuse cases. As at the end of March 2002, a total of 61 cases were handled. Besides, 181 community education programmes and 53 volunteer training sessions were conducted.

Project on Research and Infra-structure for Combating Elder Abuse

38. Also with the support of SWD, Hong Kong Christian Service has just started a two-year Project on "Elder Abuse Research and Protocol" from February 2002 with a Lotteries Fund grant of $2.3 million. The Project will include research on the phenomenon of elder abuse in Hong Kong, compilation of a multi-professional protocol, design of a computerized elder abuse registry for handling elder abuse, and organization of a series of training sessions in two years' time. The agency has organized a briefing session in April to promote public awareness of the problem of elder abuse. Around 280 participants from different professions have attended the briefing. The agency has so far conducted 23 focus group meetings to collect views on elder abuse as part of their research.

Public Education

39. SWD has secured $1.9 million to launch a publicity campaign on "Strengthening Families and Protecting Children against Abuse and Violence" in 2002. Issues relating to elder abuse and suicide will also be covered in the campaign.

Working Group on Elder Abuse

40. A Working Group on Elder Abuse chaired by SWD and represented by other concerned parties including HWB, DH, Legal Aid Department, Hong Kong Police Force, EC member, HA, NGOs and tertiary training institute has been set up since August 2001 to examine the issue of elder abuse in Hong Kong. Further strategies and action plan to address the problem of elder abuse will be worked out in the light of the findings of the research conducted by the Hong Kong Christian Service.

Training for Professionals and Non-professionals

41. To enhance the assessment and intervention skills of social workers in handling suicide cases, SWD will provide training to 400 social workers through a package of focused training programmes, including lectures, seminars, workshops in 2002/03 and 2003/04. It is expected that 260 social workers will receive training in 2002/03.

42. With a view to enhancing professionals' and non-professionals' understanding of the elder abuse issue, knowledge and skills in devising preventive measures and offering of timely assistance to victims and abusers, SWD will provide a total of 1,000 training places for 400 professionals and 600 non-professionals in 2002/03.

Strengthening Support for Families

43. Majority of the elders do not live alone and they do reside within their family setups. Apart from rendering direct services to elders in need, SWD has also adopted a three-pronged approach to strengthen support for families in view of the rising trend of family problems, some victims of which are elders:

- at the primary level, strengthening preventive work through large-scale public education and more targeted family education and early identification of families at risk through outreaching efforts;

- at the secondary level, transforming the conventional Family Services Centres into Integrated Family Services Centres providing a full range of resource, support and counselling services; and

- at the tertiary level, establishing specialized service units to provide crisis intervention.

Under this approach, responsive assistance can also be provided for families with elders.

Family Crisis Support Centre

44. Besides, SWD has commissioned Caritas Hong Kong to set up a Family Crisis Support Centre which is the first of its kind to provide time-out facility in helping users under extreme stress of facing crisis to manage their emotions and seek positive solution to family problems. An integrated package of services provided include a 24-hour hotline (18288), outreach and prompt intervention services, short-term overnight accommodation, groups and programmes and referral for follow-up, etc. Regardless of age, gender and race,

any individuals and family members including elders in crisis or distress arising from family problems and requiring assistance can seek services from the Centre.

More Evidence Base

45. International experience shows that we need to have more evidence to substantiate the effectiveness or otherwise of intervention programmes in preventing or reducing elder abuse or suicide. However, any measures that improve the quality of life of older persons are worthy in themselves. A better knowledge base is needed to inform the development of effective strategies and programmes in this area.

Conclusion

46. Although most of the programmes/services targeted specifically at elder abuse and elderly suicide are fairly new or pilot services, we believe we have laid a solid foundation of support and care for vulnerable elders by means of various community support services and initiatives undertaken in recent years. We will undertake regular evaluation of the programmes/services to ensure that they address the identified risk factors, and tie in with the strategies of prevention, early identification and intervention. With the implementation of the various initiatives, we will further safeguard the welfare of the vulnerable elders and facilitate the building of a caring society for our senior citizens.

Advice Sought

47. Members are invited to note and comment on both the risk and protective factors identified for elder abuse and suicide, the strategies of prevention, early identification and intervention, and the programmes/services provided by the Administration to support vulnerable elders in our community.

Health and Welfare Bureau / Department of Health /
Hospital Authority / Social Welfare Department
May 2002