

THE HONG KONG COUNCIL OF SOCIAL SERVICE

**Views on the Government's plan to
Phase out of the Home for the Aged Service (HFA)**

The Hong Kong Council of Social Service has been very concerned about the recent proposal of the Government to phase out the Home for the Aged (HFA) service.

1. Our Views

In an Elderly Commission Report issued in 2000, the policy direction to phase out HFAs was recommended. Since its first establishment in the late 1960's, HFAs provide services to elders without impairment to address their social and housing needs. With the implementation of the Standardized Care Needs Assessment Mechanism in 2001, the HFAs are also required to take care of those elders with mild impairment. At that point of time, the Council supported the phasing out of HFAs provided that there are adequate and appropriate services available in the community to support the elders to live in the community with security.

In recent years, we observed a steady development of the small self-contained flats by the Housing Department. These flats are mostly welcome by the elders though some of their locations are not as popular. To strengthen the community's ability to provide care for those mildly impaired elders, a Re-engineering of Community Support services were introduced in 2002. The newly enhanced DECC/NECs and Integrated Home Care Service teams have started to provide services in April, 2003.

- 1.1 ***With the provision of alternative services to address the housing needs of the elderly and community support services to provide assistance to those with mild impairment, we support the policy direction to phase out the HFA.***
- 1.2 To minimize the impact of the phasing out on the elders, joint efforts between the Government and the NGO sector will be required in ensuring the process to be gradual and meeting the genuine needs of the elderly persons
- 1.3 According to the Elderly Commission's Report (2000), the reason for recommending the phasing out of HFAs is "that residential care should be directed to elderly with genuine needs. In the longer term, the HFAs should adopt the same admission criteria as C&A homes. To implement this recommendation, the Government must first improve the staffing and

facilities of HFAs and provide support services for the elderly living in the community.” ***Thus, phasing out of the HFA should not be implemented separately as a termination of a service, but rather, a re-focusing of public resources to better address the Long Term Care (LTC) needs of the Elderly.*** We believe that with the concerted efforts of the Government and the NGOs, we could mobilize the re-engineering of the residential services to better address the increasing demand on LTC.

2. Our Recommendations

2.1 Converting the HFAs into higher level of Residential Care Homes

The demand on Long Term Care is growing continuously with our aging population, especially with the increase in the number of “old-olds”. The waiting lists for the various kinds of LTC facilities, like C&A homes, Nursing Homes and Medical Infirmary are always long :

	<i>Current Provision</i>	<i>Waiting list</i>	<i>Placement offer without location preference</i>	
			<i>Male</i>	<i>Female</i>
C&A Home	11,303	16,875	12/2000 (2.5 years)	12/2001 (1.5 years)
Nursing Home	1,484	5,662	4/1998 (5 years)	4/1999 (4 years)
Medical Infirmary	1,132 ¹	5,218 ¹	No figure	

To meet with the high demand on LTC, the agencies operating HFA are ready to convert their beds into providing higher level of care, including C&A Homes, Nursing Home or even infirmary. This same measure had been applied when the self-care hostels had to phase out as stated in the 1994 Working Report on Care of the Elderly. At present, 90% of the self-care hostel beds had completed their conversion.

2.1.1 Converting HFA places into C&A places

Starting in 2001, SWD has taken the Elderly Commission’s recommendation to convert the HFAs into C&A homes. In the 2001 Policy Address, there will be another 200 HFA beds to convert into C&A beds. However, these 400 beds only constitute about 5% of the total HFA places (7,431).

Due to the shortage of higher care level places in subvented sector,

¹ Data as at March 2001, Audit Report 2002

quite a number of elders have to stay in their original home to wait for these places when their health conditions deteriorate. ***From our survey conducted in early April, 2003, 24% of the elders staying in HFA , i.e. 1 in 4 of them, were waiting for C&A Homes. Thus, we urge the Government to work with the NGO sector and set out a clear time-frame in converting the existing HFA places into C&A places.***

2.1.2 Converting HFA places into Nursing Home and Infirmary places

Although the present conversion is confined to C&A beds, ***we suggest to convert the HFA beds into even higher level of care.*** The current provision of Nursing Home and Medical Infirmary are not many and ***the number of elders on their respective waiting lists is about 4 times of the provision.*** By so doing, we can help in relieving the pressing demand on these services. In fact, transferring the infirmary care to welfare sector is one of the Audit Commission Report's recommendations issued last year. At present, the HFAs are already taking care of about 3%² of their elderly residents requiring either Nursing Home or Medical Infirmary level of care and so we are confident that the current HFA places can be converted into these higher levels of care.

2.1.3 Towards "Continuum of Care"

Apart from resolving the long waiting lists, conversion allows the existing residents in the HFA to be cared until their end of life in the same home. ***Thus, converting the existing HFAs into higher level of care is not only more cost-effective as it makes the best use of the existing premises and skilled staffs, but is also an actualization of "continuum of care" as a policy direction.***

2.1.4 Phases implementation of the conversion plan

At present, there are 7,431 HFA beds provided in 77 homes. All these beds are potentially convertible into higher level of care, but would have different degree of renovations required. ***Understanding the stringent Government resources these years, we are ready to discuss with SWD and agreed on a plan to convert these homes by phases.*** Those service units with more favourable conditions, like having more elders requiring higher level of care, requiring less cost

² Our recent survey to all the RCHEs in April, 2003. The return rate is 90%.

to renovate and located in the districts where most elders are choosing, etc. may convert in the first phase. In fact, some agencies are already trying their own efforts to solicit donation to improve the physical environment of their HFAs.

2.2 Converting the HFA into providing LTC services other than RCHEs

Apart from RCHEs, the demand for community support services for the elderly is also enormous. The waiting list for Day Care Centres³ is more than half of the current provision and the actual caseload of the Home-help teams is always more than their original capacity. Without sufficient supply of these services, the impaired elders may not be able to get adequate support in the community. Thus, we suggest allowing the HFAs to convert their resources into providing community support services with great demand, especially for those homes with less favourable physical conditions to convert into higher level of residential care.

2.3 Financing of Long Term Care

In SWD's briefing on December 18, 2002, it was mentioned that the current resources (338 million in 2002-03) used in HFA and Self Care Hostel would be considered as efficiency savings items. Yet, considering the great demand on Long Term Care for the Elderly, we believe that these resources can be better used in the elderly service sector to provide Long Term Care services.

When our aging population continues to grow, the pressure on financing LTC is inevitably high. We understand that the Government is considering other ways of financing, like different options of co-payment, we are ready to contribute to the formulation of these options.

2.4 A Joint Platform for smooth implementation

To facilitate the smooth implementation of the phasing out exercise, **a joint platform with all the key stakeholders involved**, i.e. the elders, the NGO sector and the Government, should be established to project the needs and to plan for the services in a co-coordinated manner.

END

April 10, 2003

³ As at February, 2003, there are around 900 elders waiting for D/E, i.e. more than half total capacity (1,640 places) provided by the 44 D/Es.