

## **LEGISLATIVE COUNCIL PANEL ON WELFARE SERVICES**

### **Update on Support for Vulnerable Elders**

#### **PURPOSE**

At the meetings held on 13 May 2002 and 7 July 2003, Members discussed Administration's strategies and services on support for vulnerable elders vide Paper No. CB(2)179/01-02(08) and CB(2)2750/02-03(03). This paper updates Members on the latest developments.

#### **STRATEGIES AND PROGRAMMES/SERVICES**

2. We have adopted the following strategies to reduce the vulnerability of elders to abuse and suicide:
  - (a) To enhance understanding of the problems of elderly suicide and elder abuse by strengthening data collection, improving statistical analysis and undertaking local researches;
  - (b) To strengthen public education and publicity programmes so as to encourage the elders, their families and friends to seek help as early as possible and to facilitate early identification;
  - (c) To implement dedicated projects on elder abuse and suicide;
  - (d) To adopt a multi-disciplinary approach to tackle the problems; and
  - (e) To conduct training for both frontline professionals as well as non-professionals to enhance their knowledge and skills in handling such cases.

#### **UNDERSTANDING THE PROBLEMS**

3. The Administration always seeks to enhance understanding of the problem by enhancing data collection, improving statistical analysis, undertaking

local research and studying overseas experience.

### Elderly suicide

4. In Hong Kong, similar to many other overseas countries, elderly suicide death rate has always been comparatively higher than the suicide death rates in other age groups. From 1991-98, the elderly suicide death rate was generally around 30 per 100 000 elderly population, compared to 15 per 100 000 general population. The elderly suicide death rate has gradually decreased and stabilized in the past few years to 26.7 in 2002. However, according to the provisional figures obtained from the Coroners Court, 315 elders were reported to have committed suicide in 2003, reflecting an increase in the figures in real terms, despite the stable trend in the previous years. Whether this denotes a continuous increasing trend or is just an isolated figure awaits further observation. But certainly this is a signal warranting our attention in further efforts to combat elderly suicide.

5. Apart from suicide deaths, we must not overlook attempted suicide cases as both overseas and local research findings on suicide indicate that those who have attempted suicide are likely to attempt again and may eventually die of suicide. Since 2002, a mechanism i.e. the Central Suicide Information System (CSIS) has been established under the administration of Health, Welfare and Food Bureau (HWFB) to collect figures on suicide and attempted suicide. In 2003 (up to September 2003), the CSIS recorded 153 suicide and 156 attempted suicide cases involving elders aged 60 and above. The general profiles of those cases involving elders are tabulated at Annex I.

6. The Administration has commissioned a multi-disciplinary research team to carry out "A Multi-Disciplinary Study on the Causes of Elderly Suicide in Hong Kong" and a report was published in 2002. To further strengthen the provision of evidence based research, the Administration has supported the University of Hong Kong to set up the Hong Kong Jockey Club Centre for Suicide Research and Prevention (CSRП) in 2002, under which a surveillance and monitoring system is being set up to provide timely and a more accurate estimate of suicide rate in Hong Kong. Besides, the CSRП is also tasked to conduct researches, develop intervention strategies and provide training to professionals.

### Elder abuse

7. As regards elder abuse, Hong Kong Christian Service (HKCS) has, under the two-year pilot project of Elder Abuse Research and Protocol (EARP) supported by the Lotteries Fund, developed a computer software for the Central Information System on Elder Abuse Cases (the System). The System has been transferred to the Social Welfare Department (SWD) for administration and has commenced operation in March 2004. Up to 8 April 2004, 58 elder abuse cases handled by different service units since January 2004 were reported to the System. The nature of these cases and the profiles of victims and abusers are tabulated at Annex II.

8. On the other hand, to understand the phenomenon and prevalence of elder abuse in Hong Kong, HKCS was commissioned to conduct a research in February 2002 under the EARP. The research included literature review, focus group discussions, territory-wide telephone survey, face-to-face household survey and case studies. The research report, which is now being finalized, will be published later this year. The methodology and major findings of the research were reported to the Welfare Panel at its meeting on 7 July 2003 vide Paper No. CB(2)2750/02-03(03). In the household survey conducted with 507 elders, the percentage of respondents aged 60 and above having encountered 17 situations that may be considered as elder abuse is at Annex III. The major recommendations made by HKCS are reported below.

- (a) **Social definition and working definition of elder abuse**  
Deriving from 17 situations, which were considered by over 50% of the respondents of the telephone survey as absolutely or somewhat elder abuse, a social definition of elder abuse encompassing six types of abuse, namely physical abuse, psychological abuse, neglect, financial abuse, abandonment and sexual abuse is developed. Based on the social definition and taking into consideration the divergent views collected (e.g. smaller number of respondents in the telephone survey regarding certain situations related to provision of care as elder abuse; related professionals' different views on whether to adopt a more focused or loose definition; etc.), HKCS has formulated a working definition of elder abuse in the multi-disciplinary protocol—‘處理虐老個案程序指引’ (Procedural Guidelines for Handling Elder Abuse Cases) (the Guidelines) by setting more concrete conditions and examples for each type of abuse to facilitate frontline workers to identify and handle elder abuse cases.
- (b) **Family approach**  
A family approach is recommended as elder abuse cases usually present with family relationship problem. Besides, preventive, developmental and remedial services are suggested to be designed for the public to improve intergenerational relationship as well as in-law relationship.
- (c) **Community education and empowerment**  
Community education is recommended to be strengthened to promote the public's awareness for early identification of elder abuse cases, empowering the elders as well as their significant others to face and tackle the problem as early as possible.
- (d) **Multi-level and multi-disciplinary intervention**  
A multi-level and multi-disciplinary collaboration is also considered necessary to protect the interest of the elders and to ensure effective intervention. The development of multi-disciplinary protocol with a

well-defined working definition of elder abuse is considered necessary while a mechanism on multi-disciplinary collaboration at a district level is regarded helpful to facilitate joint effort in combating elder abuse. Relevant training to equip both professionals and non-professionals to identify and handle elder abuse problems is also recommended to be strengthened.

(e) Policy and service development

For policy and service development, a central registry is considered necessary to collect data on elder abuse cases while a committee to coordinate efforts from different sectors and oversee the progress is deemed helpful. Relevant researches in the future are also considered to be desirable.

## **PUBLICITY AND COMMUNITY EDUCATION**

9. To reduce the risk factors and strengthen the protective factors connected with elderly suicide/abuse, a wide range of preventive education programmes aiming at supporting healthy ageing of elders, and specific public education in preventing elder suicide/abuse have been implemented.

10. To promote healthy ageing, the Government has, in collaboration with the EC, launched a Healthy Ageing Campaign since 2001 to promote public awareness on the importance of healthy ageing. Recently, EC has considered moving from the promotion of 'healthy ageing' to 'active ageing' to convey a more inclusive message on many ageing-related issues. On the other hand, the Opportunities for the Elderly Project (OEP) implemented by SWD has continued to fund non-government organizations (NGOs) and local organizations to carry out activities in order to encourage the whole community to help promote the sense of worthiness among elders, to cultivate a community spirit of 'Care for the Elders' and to provide vulnerable elders with support and care.

11. The Live Life! Joint Project on Prevention of Elderly Suicide has also provided subsidies to 66 district-based community education projects to enhance elders' participation and promote public awareness specifically for prevention of elderly suicide. Besides, The Samaritan Befriender Hong Kong (SBHK) has also received funding to operate a Life Education Centre (LEC) since May 2002 to promote life education to the general public (including elders) and train up community gatekeepers to take an effective suicide watch in the community. As at end of December 2003, more than 750 elders had participated in the talks/workshops (some targeting elders) arranged by the LEC.

12. SWD has launched a publicity campaign on 'Strengthening Families and Combating Violence' since 2002 and such publicity effort will continue in 2004-05. Prevention of elder abuse is one of the themes of this campaign. Besides, publicity and community education programmes on prevention of elder

abuse have also been provided by District Elderly Community Centres (DECCs) as part and parcel of their services.

13. Haven of Hope Christian Service (HOH) and Caritas have provided numerous community education programmes under their three-year Pilot Projects on Prevention and Handling of Elder Abuse implemented since April 2001. From April 2001 to end of March 2004, 708 community education programmes were organized and over 59 sets of resource/training materials have been developed for the reference of the public as well as helping professionals. Moreover, 1 391 trained volunteers have participated in visiting services/prevention programmes.

### **DEDICATED PROJECTS / PROGRAMMES ON PREVENTION AND INTERVENTION**

14. Family services units and medical social services units of both SWD and NGOs have all along been providing counselling and supportive services to elders vulnerable to suicide and abuse. Following the re-engineering of community support services for elders since April 2003, DECCs and Neighbourhood Elderly Centres (NECs) have strengthened their services on prevention, support and remedy of elderly suicide and elder abuse. Besides, there are presently a number of dedicated projects focusing on early identification and handling of elderly suicide and elder abuse cases.

#### Elderly suicide

##### *Live Life! Joint Project on Prevention of Elderly Suicide (Joint Project)*

15. The three-year Joint Project, apart from implementing public education programmes, also provides counselling and psychogeriatric services to elders with suicidal risks through a three-tier Coordinated Model. Under the Model, a hotline service is made accessible for elders territory wide, while counselling service and psychogeriatric treatment are also provided for elders with depression/suicidal risk. As at the end of December 2003, 972 calls to the hotline were handled, 69 cases have received intensive counselling from social service units and 97 elders have attended psycho-geriatric treatment at the Life Clinic. An Asia Pacific Regional Conference was also conducted in March 2004.

##### *Elderly Suicide Prevention Programme (ESPP)*

16. The experience gained from the above Joint Project, in particular the 3-tier coordinated service model, has provided a useful reference for further service development. Following this, the Hospital Authority (HA), in collaboration with NGOs providing services for elders in the districts, has also developed a territory-wide Elderly Suicide Prevention Programme since October 2002, running seven fast-track clinics in seven hospitals across Hong Kong to facilitate the early detection of and timely intervention for elders with depression and suicidal risks.

In view of the service nature and coverage of ESPP, it is considered that the services currently provided under the three-tier coordinated model of the Joint Project will be taken up by the ESPP upon the expiry of the Joint project.

#### *Other Dedicated Suicide Prevention Services*

17. The Suicide Crisis Intervention Centre run by the SBHK has commenced service in April 2002 providing round-the-clock crisis intervention to persons with suicidal risks. As at end of December 2003, a total of 1 141 cases (including 45 (4%) being persons aged 60 or above) in need of intensive counselling were handled.

#### Elder abuse

#### *Pilot Projects on Prevention and Handling of Elder Abuse*

18. In the past three years, the HOH and Caritas have been providing direct services on handling of elder abuse including hotline, outreaching services, counselling services and support groups, etc. To consolidate the knowledge and experience gained and to facilitate the transfer/sharing of experiences to/with other organizations such as DECCs/NECs, the two agencies have been granted additional allocation of \$0.95M and \$0.87M from Lotteries Fund respectively to extend the projects for one more year from April 2004 to March 2005. While the agencies will continue to provide direct services at a reduced level, they will jointly work on the following tasks:

- (a) To develop a practice model for prevention and handling of elder abuse for DECCs/NECs;
- (b) To produce VCDs to facilitate frontline staff to identify, prevent and handle elder abuse cases in community and institutional settings for elders;
- (c) To publicize a casebook to share with related professionals on intervention skills, including skills in working with victims of elder abuse who are unmotivated to receive services;
- (d) To organize seminars on in-depth casework and group work skills, and risk assessment;
- (e) To conduct community education programmes/talks jointly with DECCs and NECs;
- (f) To demonstrate group work skills through conducting therapeutic and supportive groups for elders and volunteer training groups jointly with frontline staff of DECCs/NECs;

- (g) To issue handbook on frequently asked questions to facilitate frontline workers to handle elder abuse cases; and
- (h) To organize out-reaching talks to staff of DECCs and NECs.

## **MULTI-DISCIPLINARY COLLABORATION**

19. Apart from the measures and services mentioned in the paragraphs above, a multi-disciplinary approach has been adopted to prevent and tackle elder suicide and abuse.

### *Working Groups*

20. In the planning and delivery of suicide prevention strategies and policies, an Inter-departmental Working Group on Suicide (WGS) was set up in 2001 to enhance the understanding of the suicide issues, including elderly suicide and to examine the adequacy of existing strategies and programmes. Under the guidance of the WGS, a protocol is being drawn up to facilitate multi-disciplinary approach and inter-sectoral co-operation in the delivery of suicide-related services. The Working Group on Elder Abuse (WGEA) was also set up in 2001 to examine the issue of elder abuse in Hong Kong, to propose strategies, practical measures and action plan to combat the problem of elder abuse; and to draw up a framework to implement the action plan. The WGS and WGEA are convened by the HWFB and SWD respectively and both working groups comprise representatives from different disciplines.

### *Procedural Guidelines for Handling Elder Abuse Cases*

21. A 6-month pilot run was conducted from January 2003 to June 2003 to test out the feasibility of the Guidelines drafted by the HKCS under EARP. Based on the views of the participating units in the pilot run and members of the WGEA, this set of Guidelines has been refined and endorsed by the WGEA in December 2003. Following a briefing session attended by over 600 related professionals on 5 February 2004, the Guidelines have been implemented since March 2004.

## **TRAINING FOR PROFESSIONALS AND NON-PROFESSIONALS**

22. SWD has organized various training programmes relating to elderly suicide for the professionals and non-professionals in 2002-04. A package of focused training was provided for 505 social workers to enhance their assessment and intervention skills in handling suicide cases. Besides, the detection of elders with suicidal tendency is one of the subjects covered in the Multi-skilled Training Course for Care Staff Working with the Elders.

23. Apart from the training programmes provided by SWD, training was also made available to concerned parties under different projects. For instance, under the Joint Project on Prevention of Elderly Suicide, the psychogeriatric specialist has provided training to 127 social workers and 750 general physicians on the identification of suicidal risk and related management. The CSRP has also provided training programmes/seminars to frontline professionals and general public through different means including the e-learning web-site, audio-visual kits and training manual. In addition, the HA has also organized training programmes on elderly suicide for doctors and health care professionals under ESPP. Total attendance to date was around 5 700.

24. For elder abuse, HOH, Caritas and HKCS have provided training and developed resources on different topics (e.g. understanding/identification of different types of abuse, intervention skills, etc.) relating to elder abuse to frontline professionals under the pilot projects. While more in-depth training and sharing of experiences will be arranged by HOH and Caritas through different means such as seminars, publication of reference materials, etc., SWD will also organize suitable training programmes.

#### **WAY FORWARD**

25. Elderly suicide and elder abuse are global problems and Hong Kong is no exception. To tackle these problems, Government departments, NGOs, different professionals, and members of the community all share the responsibility. Although related parties have contributed a lot in combating these problems in the recent years, concerted effort is still needed to further protect the elders against the risk of suicide and abuse. Besides, making reference to the information at hand and the views given by members of the Elderly Commission at its meeting on 4 May 2004, evaluation will be conducted on the existing programmes and a more targeted approach will continue to be adopted (e.g. more attention to be given to the high risk groups such as elders suffering from depression or chronic illness) so as to tackle the problem more effectively.

#### **ADVICE SOUGHT**

26. Members are invited to note the strategies and progress made to prevent and tackle elderly suicide and elder abuse and provide comments.

**Social Welfare Department**  
**May 2004**



**Central Suicide Information System (CSIS)  
(January to September 2003)**

**Reports of Suicide Deaths and Attempted Suicide Cases  
Involving Elderly Persons aged 60 or above**

Item		No. of Suicide Death	No. of Attempted Suicide	Total (%)
<i>Age and Sex</i>				
Age	Sex			
<b>60 - 64</b>	<b>M</b>	18	15	33 (10.7%)
	<b>F</b>	2	13	15 (4.9%)
<b>65 - 69</b>	<b>M</b>	15	13	28 (9%)
	<b>F</b>	7	11	18 (5.8%)
<b>70 - 74</b>	<b>M</b>	18	23	41(13.3%)
	<b>F</b>	16	16	32 (11.2%)
<b>75 - 79</b>	<b>M</b>	23	12	35 (10.4%)
	<b>F</b>	18	10	28(9%)
<b>80 - 84</b>	<b>M</b>	12	14	26 (8.4%)
	<b>F</b>	9	12	21 (6.8%)
<b>85 or above</b>	<b>M</b>	7	4	11 (3.6%)
	<b>F</b>	6	11	17 (5.5%)
<b>Subtotal</b>	<b>M</b>	<b>93</b>	<b>81</b>	<b>174 (56.3%)</b>
	<b>F</b>	<b>58</b>	<b>73</b>	<b>131 (42.4%)</b>
	<b>U<sup>1</sup></b>	<b>2</b>	<b>2</b>	<b>4 (1.3%)</b>
<b>Total</b>		<b>153</b>	<b>156</b>	<b>309</b>

The figures are based on reports made by government departments and service agencies including Social Welfare Department, Hospital Authority, Department of Health, Hong Kong Police Force and NGOs. Cases not reported by any of the departments / agencies are not recorded by the CSIS.

<sup>1</sup> Due to insufficient information provided by the reporting units, 4 cases were uncategorized.

**Central Information System on Elder Abuse Cases**  
**New Reports of Elder Abuse Cases**  
**(1/3/2004 to 8/4/2004)**

**Table 1 – Distribution of Types of Abuse by Victim’s Sex**

Type of Abuse	Male		Female		Total	
	No of Reports	%	No of Reports	%	No of Reports	%
Physical abuse	1	10.0%	7	14.6%	8	13.8%
Psychological abuse	1	10.0%	15	31.3%	16	27.6%
Neglect	0	0.0%	2	4.2%	2	3.4%
Financial abuse	1	10.0%	1	2.1%	2	3.4%
Abandonment	1	10.0%	0	0.0%	1	1.7%
Sexual abuse	0	0.0%	0	0.0%	0	0.0%
Others	0	0.0%	0	0.0%	0	0.0%
Multiple abuse	6	60.0%	23	47.9%	29	50.0%
Total	10	100%	48	100%	58	100%

**Table 2 – Distribution of Victim’s Sex by Victim’s Age**

Age	Male		Female		Total	
	No of Victims	%	No of Victims	%	No of Victims	%
60 - 64	2	20.0%	1	2.1%	3	5.2%
65 – 69	3	30.0%	8	16.7%	11	19.0%
70 – 74	3	30.0%	16	33.3%	19	32.8%
75-79	1	10.0%	11	22.9%	12	20.7%
80 – 84	0	0.0%	6	12.5%	6	10.3%
85 or above	1	10.0%	6	12.5%	7	12.1%
Unknown	0	0.0%	0	0.0%	0	0.0%
Total	10	100%	48	100%	58	100%

**Central Information System on Elder Abuse Cases**  
**New Reports of Elder Abuse Cases**  
**(1/3/2004 to 8/4/2004)**

**Table 3 – Distribution of Relationship between Victim and Abuser**

Relationship with Victim	No of Abusers	Percentage (%)
Son	17	29.3%
Daughter	5	8.6%
Son-in-law	0	0.0%
Daughter-in-law	19	32.8%
Spouse	14	24.1%
Grandchildren	2	3.4%
Relative	0	0.0%
Friend / neighbour	1	1.7%
Un-related person living with the victim	0	0.0%
Domestic helper	0	0.0%
Agency staff providing service to victim	0	0.0%
Others	0	0.0%
<b>Total</b>	<b>58</b>	<b>100%</b>

**Table 4 – Distribution of Abuser's Sex by Abuser's Age**

Age	Male		Female		Total	
	No of Abusers	%	No of Abusers	%	No of Abusers	%
0 - 9	0	0.0%	0	0.0%	0	0.0%
10 – 19	0	0.0%	0	0.0%	0	0.0%
20 – 29	2	6.9%	2	6.9%	4	6.9%
30 – 39	7	24.1%	6	20.7%	13	22.4%
40 – 49	5	17.2%	12	41.4%	17	29.3%
50 – 59	3	10.3%	8	27.6%	11	19.0%
60 – 69	5	17.2%	1	3.4%	6	10.3%
70 – 79	6	20.7%	0	0.0%	6	10.3%
80 or above	0	0.0%	0	0.0%	0	0.0%
Unknown	1	3.4%	0	0.0%	1	1.7%
<b>Total</b>	<b>29</b>	<b>100%</b>	<b>29</b>	<b>100%</b>	<b>58</b>	<b>100%</b>

**Table 5 – Distribution of Abusers being or Not the Main Carer of Victim**

Abuser Being the Main Carer of Victim	No of Abusers	Percentage (%)
Yes	12	20.7%
No	46	79.3%
Unknown	0	0.0%
<b>Total</b>	<b>58</b>	<b>100%</b>

**Central Information System on Elder Abuse Cases**  
**New Reports of Elder Abuse Cases**  
**(1/3/2004 to 8/4/2004)**

**Table 6 – Distribution of Abuser Living or Not Living Together with Victim**

Abuser Living withVictim	No of Abusers	Percentage (%)
Yes	53	91.4%
No	5	8.6%
Unknown	0	0.0%
Total	58	100%

### Annex III

#### **Research on the Phenomenon of Elder Abuse in Hong Kong Conducted by Hong Kong Christian Service (Extracted)**

#### **Percentage of Respondents Aged 60 and Above Encountering 17 Situations in the Household Survey Conducted between June and July 2002 (N=507)**

	Situations	% encountered	
		Ever after 60	Last Year
1	Sons or daughters who live separately seldom visit you.	15.2%	6.7%
2	Somebody who are expected to take care of you do not supply your basic needs.	7.4%	2.8%
3	Home members always neglect you or treat you as if you are transparent.	5.4%	3.7%
4	Somebody gossip about, criticize, or look down on you.	3.4%	1.4%
5	You are condemned or threatened frequently.	2.2%	1.2%
6	Your privacy is intruded on. / Your self-esteem is damaged.	1.4%	0.6%
7	Your money or properties are taken without your consent.	1.2%	0.4%
8	Somebody cheat you out of money, properties or housing.	1.0%	0.2%
9	You are pushed over frequently.	0.8%	0.4%
10	You are prohibited from getting in touch with your grandchildren, family members or friends.	0.4%	0.2%
11	You are hit.	0.4%	0.2%
12	You are forced to do something against your will.	0.4%	0.2%
13	You are abandoned in hospitals, streets, or elderly hostels. / Someone breaks off relationship with you.	0.2%	0.2%
14	Your hearing aid is withheld. / You are not accompanied to the doctors or given any medicine when you are sick.	0.2%	0.0%
15	You are sexually assaulted.	0.2%	0.0%
16	You are prohibited from staying at home in daytime. And you are allowed to home late in the day.	0.0%	0.0%
17	You are prohibited from going outside. / Your freedom of activities at home is restricted.	0.0%	0.0%

#### Prevalence Rate of Elder Abuse

1. The percentage of elders having experienced at least one of the above 17 situations ever after 60 and in the past year are 25.2% and 11.2% respectively.
2. If item 1 and 2, which were perceived by smaller number of respondents in the telephone survey as elder abuse, are taken out, the percentage of elders having experienced at least one of the rest of 15 situations ever after 60 and in the past year will be 10.8% and 5.4% respectively.