

**Legislative Council
Panel on Welfare Services**

**Home Care and Community Support Services
for the Elderly and Persons with Disabilities**

Purpose

This paper briefs Members on the existing home care and community support services for the elderly and persons with disabilities.

Elderly Services

Policy Objective

2. “Ageing in place as the core, institutional care as back-up” is the underlying principle of the Government’s elderly care policy. This is also the wish of most elderly persons. To this end, the Government provides a range of community care services, including centre-based and home-based care services and carer support services to assist the elderly in ageing in place.

Services for the Elderly

3. As at March 2014, there were about 23 400 elderly persons receiving home-based services, including the Integrated Home Care Services (IHCS) (Ordinary Cases), IHCS (Frail Cases) and the Enhanced Home and Community Care Services (EHCCS). At present, these services are provided by 60 IHCS teams and 24 EHCCS teams in the territory.

IHCS (Ordinary Cases)

4. IHCS (Ordinary Cases) provide a range of community support services for the elderly, people with disabilities and needy families living in the community. The elderly who use IHCS (Ordinary Cases) are not required to go through the assessment under the Standardised Care Need Assessment Mechanism for Elderly Services (SCNAMES) of the Social Welfare Department (SWD). IHCS (Ordinary Cases) cover meal delivery services, escort services, personal care, simple nursing care and

household cleaning. The non-governmental organisations (NGOs) which operate such services keep their own waiting lists. According to the statistics provided by these NGOs, as at March 2014, about 17 300 elderly persons were receiving the services, and around 5 000 elderly cases were on the waiting list.

IHCS (Frail Cases) and EHCCS

5. Elderly persons who have been assessed as being in the state of either moderate or severe level of impairment by SCNAMES are eligible for IHCS (Frail Cases) or EHCCS. Both IHCS (Frail Cases) and EHCCS provide a comprehensive package of services, including care management, basic and special nursing care, personal care, rehabilitation exercise, counselling services, 24-hour emergency services, environmental risk assessment and recommendations for modifications, home-making and meal delivery services, escort services and support services for the carers, etc. The scope and frequency of services are designed by individual IHCS teams or EHCCS teams according to the needs of the elderly service users. The total number of home-based community care services places for frail elderly now stands at 6 699, including 1 120 places for IHCS (Frail Cases) and 5 579 for EHCCS. As at May 2014, the average waiting time was about seven months.

6. To further enhance the support and care for frail elderly persons living at home, the Government will increase the recurrent expenditure by \$172 million to provide 1 500 additional EHCCS places from March 2015 onwards, and will strengthen the services for the new and existing EHCCS places through integrating the major service content of the Pilot Scheme on Home Care Services for Frail Elders (e.g. home-based carer training) into EHCCS.

Day Care Centres/Units for the Elderly

7. The day care centres/units for the elderly (DEs/DCUs) serve those elderly persons who have been assessed by SCNAMES as being in the state of either moderate or severe level of impairment and are suitable for day care services. DEs/DCUs provide personal care, nursing care, rehabilitation exercise and social activities for these frail elderly, as well as carer support services for their carers. There are currently a total of 68 DEs/DCUs with 2 799 day care places in the territory and the average waiting time was around seven months. As at May 2014, about 3 700 elderly people were receiving services at these DEs/DCUs. The Government has earmarked additional resources to extend the service hours of new DEs/DCUs to provide better care and support for the frail elderly and their carers. Two DEs and

two DCUs attached to contract residential care homes for the elderly (RCHEs) will commence service in 2014-15, providing a total of about 180 additional places. One of the DEs and all the two DCUs will extend their service hours.¹

Pilot Scheme on Community Care Service Voucher for the Elderly

8. A sum of \$380 million was allocated from the Lotteries Fund to launch the First Phase of the Pilot Scheme on Community Care Service Voucher for the Elderly in September 2013. By adopting a new approach of “money-following-the-user” to the provision of assistance, the Pilot Scheme allows the eligible elderly to choose the community care services that suit their individual needs freely and flexibly through the use of voucher. The Scheme can also encourage different types of service providers (including NGOs and social enterprises) to provide diversified community care services. All 1 200 vouchers for the First Phase were all issued in early April this year.

Support Services for Carers

Respite Service for Elderly Persons

9. There are two kinds of respite service for elderly persons, namely day respite service and residential respite service. The service aims at providing support for carers, relieving their stress and allowing them to take a short break when necessary, thereby encouraging and assisting elderly persons in ageing in the community.

10. Regarding day respite service for elderly persons, there are at present 135 designated day respite places provided by 31 subsidised DEs/DCUs. Besides, individual DEs/DCUs can make use of any casual vacancy to provide respite service. SWD will continue to designate additional day respite places in the newly established subsidised DEs/DCUs.

11. Regarding residential respite service, apart from the 11 designated residential respite places provided by subvented RCHEs, casual vacancies of the subsidised places of all subvented nursing homes and care-and-attention homes, and contract homes are utilised by SWD for providing residential respite service. Since

¹ The service hours will be extended from 8 a.m.- 6 p.m. to 8 a.m. - 8 p.m. from Mondays to Saturdays. Services will also be provided on Sundays and Public Holidays from 8 a.m. – 6 p.m.

March 2012, all private RCHEs participating in the Enhanced Bought Place Scheme have joined forces to offer residential respite service as well. SWD will designate additional residential respite places in those contract homes which will commence service in 2015-16.

Carer Training

12. District Elderly Community Centres, Neighbourhood Elderly Centres, Home Care Service teams and DEs/DCUs throughout the territory provide support services for carers of the elderly, including the provision of information, training and counselling, assistance in forming carers' mutual-assistance groups, establishment of resource centres, and demonstration and loan of rehabilitation equipment.

13. Launched in elderly centres in October 2007, the District-based Scheme on Carer Training organises carer training programmes to enhance carers' capability in taking care of the elderly persons. Altogether 119 elderly centres have participated in the Scheme and over 12 000 carers have been trained. To further enhance carer training, SWD has, from 2014-15, allocated an additional \$6.7 million recurrent funding to regularise the Scheme. Training activities for carers will be organised continuously by the 211 subvented elderly centres to provide more training opportunities for carers in need.

Pilot Scheme on Living Allowance for Carers of the Elderly Persons from Low-income Families

14. We have introduced a two-year pilot scheme on Living Allowance for Carers of the Elderly Persons from Low-income Families (the Pilot Scheme) under the Community Care Fund (CCF) to provide a living allowance for carers from low-income families who take care of elderly persons with moderate or severe level of impairment. Each carer will be granted an allowance of \$2,000 per month to help supplement his/her living expenses so that elderly persons in need of long-term care services can, with the help of their carers, receive proper care and stay in their community. The Pilot Scheme was launched on 30 June 2014. It is expected to benefit 2 000 carers. An evaluation will be conducted during the pilot period to assess the effectiveness and implications, and review the parameters of the Pilot Scheme. We will deliberate on the way forward in the light of the findings.

Services for Persons with Disabilities

Policy Objective

15. The policy objective of the Government in respect of the provision of day care and community support services for persons with disabilities is to make available training and support for them in response to their needs, assist them in developing their potential, enable them to continue to lead an independent living and prepare them for full integration into the community. These services also aim at strengthening the carers' caring capacity and relieving their stress so as to improve the quality of life for persons with disabilities and their carers.

Support Services for Persons with Disabilities

16. To facilitate full integration of persons with disabilities into the community, SWD has put in place a range of day care and community support services to provide personalised care and targeted training services for persons with disabilities living in the community. Support for persons with disabilities and their carers is also enhanced by developing community mutual assistance network and multi-disciplinary support services. Moreover, SWD has provided various community rehabilitation and training services to cater for the specific needs of different categories of persons with disabilities with a view to strengthening their domestic and community living skills.

Home Care Service for Persons with Severe Disabilities

17. The Government launched in March 2011 a three-year Pilot Scheme on Home Care Service for Persons with Severe Disabilities. The Pilot Scheme provides a package of home-based personal care, rehabilitation training and nursing care services for persons with severe disabilities who live in Kwun Tong, Wong Tai Sin, Kwai Tsing and Tuen Mun districts and are on the waiting list for subvented residential care service.

18. As the Pilot Scheme was well received and could meet the needs of persons with severe disabilities, SWD regularised the service upon the completion of the three-year Pilot Scheme in March 2014, which will involve annual recurrent funding of about \$200 million, and extended it to persons with severe disabilities in all districts in Hong Kong, irrespective of whether they are on the waiting list for

residential care services or not. The Scheme aims at providing integrated home care services continuously for persons with severe disabilities, relieving their families/carers of the pressure they face, and facilitating their stay in the community and full integration into society.

Integrated Support Service Programme for Persons with Severe Physical Disabilities

19. We understand that persons with severe physical disabilities require a higher level of care and support. We are also mindful of the immense pressure faced by their families and carers in taking care of them at home. To strengthen the support for this most vulnerable group, CCF has launched a host of assistance programmes, providing eligible persons with severe disabilities with a special care subsidy and offering persons with severe physical disabilities subsidies for renting respiratory support medical equipment and purchasing related medical consumables.

20. To fully address the needs of persons with severe physical disabilities and give them targeted support, we will implement an integrated support service programme for persons with severe physical disabilities in the fourth quarter of 2014, and will regularise the related CCF assistance programmes. This will render support to persons with severe physical disabilities who need constant attention and care by relieving them of the burden of expenses on medical equipment and medical consumables, and enable them to continue living in their familiar community. The integrated support service programme, implemented through case management approach, will provide one-stop support services, including casework counselling, occupational therapy/physiotherapy, nursing care service and financial support service.

District Support Centre for Persons with Disabilities

21. SWD set up 16 District Support Centres for Persons with Disabilities (DSCs) in January 2009 through re-engineering the community support services. By adopting a district-based approach, DSCs provide one-stop community support services for persons with disabilities and their families/carers. These DSCs aim at enhancing the domestic and community living skills of persons with disabilities so as to facilitate their integration into the community. They also provide training and support services for the families/carers of persons with disabilities to strengthen their caring capacity and relieve their stress.

22. In 2013-14, DSCs organised a total of 436 public education programmes, conducted 12 705 group sessions / carer support activities, and delivered 17 104 physiotherapy/occupational therapy sessions and 2 452 clinical psychological treatment sessions for persons with disabilities and/or their carers. As at the end of March 2014, there were a total of 5 165 members registered at the 16 DSCs. In 2014-15, the Government will allocate an additional annual recurrent provision of \$10.6 million to strengthen the manpower of the DSCs and introduce the case management service approach, with a view to enhancing the support for persons with disabilities and providing more suitable services for them.

Short-term Day and Residential Care Services

23. DSCs and Home Care Service for Persons with Severe Disabilities also provide short-term care and support services for needy persons with disabilities. Moreover, some day and residential rehabilitation service units provide short-term day care services.

24. The residential respite service, attached to subvented residential care homes for persons with disabilities (RCHDs) of SWD, provides short-term residential care service for persons with disabilities aged 15 or above. The service in some RCHDs also covers children with disabilities aged from 6 to 14. Respite service aims at strengthening the support for persons with disabilities living in the community, thus relieving their families and/or carers of their burden and allowing them to take a short break from the caring duties. The residential respite service is provided by subvented RCHDs through designated places and casual vacancies, targeting at persons with disabilities in need of a certain level of personal and/or nursing care not beyond the level provided by the residential service units concerned.

25. As at May 2014, there were a total of 65 designated residential respite places provided by 24 RCHDs, of which 55 places provided by 21 RCHDs also catered for children with disabilities aged from 6 to 14. In addition, SWD has arranged with 64 RCHDs to provide a maximum of 187 residential respite places, including 71 places for those aged 6 to 14, through deployment of casual vacancies. We will allocate an additional \$23.8 million for recurrent expenditure on the provision of 186 short-term day care places and 256 places of residential care services for persons with disabilities aged 6 or above, with a view to strengthening the support for persons with disabilities living in the community, thus relieving their families and/or carers of their burden and allowing them to take a short break from the caring duties.

Transitional Care and Support Service

26. Transitional Care and Support Service is a goal-oriented and community-based rehabilitation programme for patients with severe disabilities (including tetraplegic patients) who have been discharged from hospital. Through the provision of a range of comprehensive psychosocial, health care and support services, the programme is designed to help patients reset daily routines and develop a healthy and meaningful life pattern, thereby facilitating their early re-integration into community life.

27. SWD set up the pilot Transitional Care and Support Centre for Tetraplegic Patients (TCSC) in 2008 to provide transitional residential service, ambulatory day training programme, residential respite service, social programmes and peer support groups for tetraplegic patients. Given its effectiveness, the TCSC service was regularised in March 2013 to provide continuous service for the needy users and help relieve carers of the stress.

Community Rehabilitation Day Centre

28. Community Rehabilitation Day Centre (CRDC) provides short-term, goal-oriented and time-defined community-based rehabilitation services for discharged patients who are suffering from neurological or physical impairments with a view to enhancing their ability to live independently in the community and facilitating their social integration. Services provided include individual or group rehabilitation training programmes, outreaching therapy services for discharged patients who are homebound, professional advice on home modification, mutual support group, as well as day care respite and day care service for persons with severe disabilities. At present, there are four CRDCs across the territory providing rehabilitation training for discharged patients in need.

Community Support Projects for Persons with Disabilities

29. Community support projects aim at enhancing the quality of life of persons with disabilities living in the community and their families as well. The current batch of community support projects include training and caring service for people with special needs, specialised programme for persons with autism/challenging behaviour, support service for working persons with disabilities and their families, personal development programme, junior gateway club and support scheme for newly

blind persons.

Other Community Support Services

Parents/Relatives Resource Centre

30. Parents/Relatives Resource Centre provides emotional support and practical advice for parents and relatives of persons with disabilities/ex-mentally ill persons to enhance their understanding and acceptance of their disabled dependents. It also helps parents and relatives obtain suitable training to strengthen their abilities to take proper care of their disabled family members at home.

Advice Sought

31. Members are invited to note the content of this paper.

Labour and Welfare Bureau
Social Welfare Department
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