

立法會 *Legislative Council*

LC Paper No. CB(2)1902/15-16

Ref : CB2/PS/3/14

Panel on Welfare Services

Report of the Subcommittee on Issues Relating to the Future Development of Elderly Services Schemes

Purpose

This paper reports on the deliberations of the Subcommittee on Issues Relating to the Future Development of Elderly Services Schemes ("the Subcommittee").

Background

2. The Subcommittee was appointed by the Panel on Welfare Services ("the Panel") on 8 June 2015 to study relevant policies and measures relating to the future development of elderly services, follow up the work of the Elderly Commission ("EC")'s Elderly Services Programme Plan ("ESPP"), discuss relevant policies with the Administration and make timely recommendations. The terms of reference and membership of the Subcommittee are set out in **Appendices I and II** respectively.

3. Under the chairmanship of Hon CHEUNG Kwok-che, the Subcommittee held six meetings with the Administration. It also received views from deputations/individuals on various issues of concerns at these meetings. A list of the deputations/individuals which/who have given views to the Subcommittee is in **Appendix III**.

Deliberations of the Subcommittee

Policy, planning and financing

4. According to the Administration, in the face of the ageing

population and increasing longevity, it adopts a proactive approach in delivering elderly services with an objective to enable senior citizens to live in dignity and to provide necessary support for them to promote their sense of belonging, sense of security and sense of worthiness. In addition to promoting active ageing, the Administration provides quality and cost-effective long-term care ("LTC") services to those who are in need, in line with the policy objective of promoting "ageing in place as the core, institutional care as back-up". In his 2014 Policy Address, the Chief Executive announced that EC would be commissioned to draw up ESPP within two years with an aim to enhance the medium to long-term planning for elderly services.

5. Members have time and again expressed grave concern about the insufficient provision of elderly care services to meet the huge demand for such services arising from the rapid ageing population and elderly poverty. Some members urge the Administration to set service targets for various kinds of elderly care services, in particular community care services ("CCS") and residential care services ("RCS"), in order to facilitate the welfare sector to bid for resources and formulate service provision plan. These members also take the view that LTC services should be provided based on user needs instead of their age, and the six-month case management service should be extended to strengthen the support for service users. The need for setting service targets for elderly care services and the basis for providing LTC services should be spelt out in ESPP.

6. According to the consultant team, which has been engaged by the Working Group on Elderly Services Programme Plan ("WGESPP") of EC to provide assistance in formulating ESPP, consideration will be given to including in ESPP a service target for the elderly population in need of RCS. The Administration, however, has advised that it is difficult to set service targets for provision of elderly care services, in view of the various service options being available for elderly persons in need. Instead of setting service targets, the Administration will examine the interaction amongst CCS, RCS and carer support services in service planning. In drawing up the preliminary recommendations for enhancing elderly care services in ESPP, WGESPP will take into account the implementation of various pilot schemes, e.g. the Pilot Scheme on Community Care Service Voucher for the Elderly ("the CCSV Pilot Scheme") and the Pilot Scheme on Living Allowance for Carers of Elderly Persons from Low Income Families ("the Carer Allowance Pilot Scheme").

7. Some members are gravely concerned about the incompatibility of

views between the community and the Administration towards financing for provision of elderly services. The major views of the community are that more public resources should be allocated to provision of elderly services, and these services should be provided on a non-means-tested basis. The Administration, however, has adopted the principle of "co-payment", under which service users with less financial means are provided with a greater amount of government subsidy. Noting the Administration's projection that a structural deficit can strike in within 15 years due to the continuous trend of ageing population,¹ these members urge the Administration to conduct a comprehensive review of the provision of elderly services and draw up a plan for such service provision, and make projection on relevant expenditure. The Administration is also requested to signify its commitment by setting aside a sum of money for implementing ESPP.

8. The Administration has advised that in the formulation of ESPP, consideration will be given to optimizing public resources for provision of elderly care services as appropriate. In addition, the current and planned provision of elderly services will be taken into account and reference will be made to relevant studies, reports, initiatives and demographic/service statistics relating to elderly persons. Upon receipt of the final report of ESPP,² the Administration will work on the financial arrangements and draw up short, medium and long-term plans for implementing ESPP.

Community care services

9. According to the Administration, the Social Welfare Department ("SWD") provides a range of subsidized community care and support services, including center-based and home-based CCS and carer support services, to assist elderly persons to age in place. With adequate provision of these services, many elderly persons with LTC needs are able to continue to age in their own place without being admitted to residential care homes for the elderly ("RCHEs") prematurely.

¹ According to the Administration, it is projected that as the trend of ageing population continues, the annual expenditure for elderly services in 2041-2042 will have to increase by 2.6 times as compared to that in 2014-2015, assuming no inflation and no service enhancement and a structural deficit could strike in 2029-2030 (within 15 years).

² According to the Administration, the Elderly Commission is expected to submit the report of the Elderly Services Programme Plan in the second quarter of 2017, barring any unforeseen developments.

10. Echoing that quality CCS could help reduce the demand for RCS, some members have expressed grave concern about the long waiting lists for various kinds of CCS, including those under Integrated Home Care Services ("IHCS"), Enhanced Home and Community Care Services ("EHCCS"), Integrated Discharge Support Programme for Elderly Patients ("IDSP") and day care services of day care units for the elderly. They call on the consultant team to assess the need for CCS, and explore the relationship among IHCS, EHCCS, the CCSV Pilot Scheme and services provided by Day Care Centres/Units for the Elderly ("DEs/DCUs"). According to the consultant team, it will consider service needs for both CCS and RCS in formulating ESPP, having regard to the ageing trend, the considerable increase in the elderly population and the related policy initiatives, such as the housing policy.

11. Some members share the view of the welfare sector that the Administration should allocate more public resources to increase provision of CCS, such as IHCS (Ordinary Cases) and meal delivery service. They call on the Administration to change the current arrangement of meal delivery service during holidays from delivery upon request to automatic delivery unless advised otherwise by individual users. They consider that adequate provision of CCS can prevent the health condition of elderly persons with impairment of mild level from deteriorating to moderate level, which will require much more resources for service provision at higher level, such as admission to RCHEs. In addition, these members consider that enhanced provision of CCS will enable elderly hospital discharges to age in the community without being re-admitted to hospitals.

12. Whilst acknowledging that there is room for improvement in the provision of CCS, the Administration has pointed out that results of overseas studies have not revealed a correlation between strengthening provision of CCS and its positive impact on preventing the health condition of elderly persons from deteriorating to a higher level of impairment. The Administration has further advised that under IDSP, each participating hospital will set up a Discharge Planning Team. The Discharge Planning Team will collaborate with a Home Support Team, which is operated by a non-governmental organization ("NGO") commissioned by the Hospital Authority, to jointly provide transitional rehabilitation services and/or community care and support services during the eight-week service duration to elderly persons upon hospital discharge as necessary. If elderly discharges require care and support services on a long-term basis after being discharged from IDSP, SWD will assess their LTC needs and arrange mainstream community care and support services for them as appropriate.

13. Some members take the view that with the help of recognized home carers, elderly persons in need of LTC services can receive proper home-based care services and continue to age in their own place without being admitted to RCHEs prematurely or consuming day care services. These members therefore call on the Administration to further develop the Carer Allowance Pilot Scheme with increase in the amount of the monthly allowance (currently at \$2,000). The Administration has advised that Phase II of the Pilot Scheme will benefit an additional 2 000 eligible carers of elderly persons, making a total of 4 000 beneficiaries for the two phases of the Scheme. A review of the Scheme will be conducted in due course.

14. To address the problem of manpower shortage of the elderly care sector, some members call on the Administration to engage female homemakers with income supplement for providing elderly care services in the community. The Administration has advised that with funding from SWD, some females are currently engaged by NGOs to provide CCS, such as home-based EHCCS. Individual NGOs will also engage female volunteers to deliver elderly care services.

Residential care services

15. According to the Administration, in addition to the formulation of ESPP, EC has been tasked to study the feasibility of introducing RCS voucher for the elderly ("the Feasibility Study"). With the assistance of a consultant team, EC has come up with some preliminary findings and recommendations on the design of the pilot scheme on RCS voucher for the elderly ("the RCSV Pilot Scheme") in early 2015. A public engagement exercise was conducted in February 2015 to gather stakeholders' views on the preliminary recommendations. In view of the public's concern over the quality of private RCHEs, EC asked the consultant team to further study the detailed design of RCS voucher in June 2015 with a view to enhancing the service quality assurance mechanisms of the Pilot Scheme.

16. Noting the sub-standard situation of some private RCHEs and outbreak of elder abuse cases therein, some members and a majority of deputations submitting views to the Subcommittee oppose the implementation of the RCSV Pilot Scheme. They consider that the introduction of the Pilot Scheme, which will invite private operators to join, will be a move towards privatization of subsidized services. In view of the gross shortage of CCS, some members call on the Administration to consider allocating part of the \$800 million, say half of

the lump sum, earmarked to meet the expenses under the RCSV Pilot Scheme to enhance provision of CCS. Expressing grave concern about the quality of services provided by private RCHEs, these members call on the Administration to provide a specific timetable for strengthening its monitoring of private RCHEs. They urge the Administration to make legislative amendments for enhancing manpower provision and spatial requirements of private RCHEs, as well as prescribing liability of private RCHE operators. These members also request the Administration to consider providing a wage supplement for frontline staff of private RCHEs to enhance their service quality. In addition, the Administration is requested to introduce an evaluation system for RCHEs, and allow public access to evaluation results for individual RCHEs.

17. The Administration has advised that private RCHEs, which have participated in and have been accredited under the relevant service quality accreditation schemes, will be accorded higher scores under the selection process of the Enhanced Bought Place Scheme ("EBPS"). Similar to EBPS, it is expected that specific requirements in terms of manpower provision and spatial standard will be set under the RCSV Pilot Scheme. To strengthen the regulatory work of private RCHEs, resources will be allocated to SWD to take targeted measures such as putting its Licensing Office of RCHEs and the Licensing Office of Residential Care Homes for Persons with Disabilities under the management of a single branch of SWD in 2016-2017 with additional manpower. Besides, SWD will expand the work of the Service Quality Group Scheme on RCHEs, under which community personalities pay regular unannounced visits to different types of RCHEs.

18. The Subcommittee notes that the Panel was briefed at its meeting on 25 June 2016 on the findings of the Feasibility Study and the implementation details of the RCSV Pilot Scheme. The Panel was advised that the first phase of the RCSV Pilot Scheme will be launched around the fourth quarter of 2016 or first quarter of 2017. Some members of the Panel have expressed grave concern about the unsatisfactory quality of some private RCHEs, which has given rise to frequent occurrence of incidents of suspected elderly neglect and elderly abuse. They also consider the existing requirements on staffing establishment and spacing of residential care homes unsatisfactory. As there is neither improvement in the monitoring system for RCHEs nor enhancement of staffing and standard of service premises under the law, the Panel passed a motion at that meeting objecting to the implementation

of the RCSV Pilot Scheme.³

Care services for elderly persons with special needs

19. In the light of the projection that around 280 000 elderly persons or 4% of the population suffered from dementia by 2036, some members have expressed concern about the inadequate provision of elderly care services for demented elderly. These members urge the Administration to set future direction of service provision for demented elderly and draw up relevant service provision plan to ensure adequate provision in this regard. They also call on the Administration to consider implementing a pilot scheme on provision of RCS for demented elderly. According to the Administration, it has no plan of conducting a pilot scheme on provision of RCS for demented elderly. That said, the Administration will further study the suggestion, and include in ESPP issues concerning provision of CCS for demented elderly.

20. The Subcommittee has been informed that the Review Committee on Mental Health has set up the Expert Group on Dementia in 2013 to conduct a review of the existing dementia care services. Some members are concerned about how the Administration will follow up the review findings. The Administration has advised that the Expert Group will put forward a series of recommendations on dementia support services and the need of carers in taking care of elderly persons. Consideration will be given to resource allocation, manpower arrangement and suitability of service providers in the implementation of relevant support measures/policies.

21. Stressing the importance of early identification of dementia, some members ask if the assessment tool of the SWD's Standardised Care Need Assessment Mechanism for Elderly Services ("SCNAMES"), which tests elderly persons' physical functioning instead of mental condition, can accurately assess the level of impairment of demented elderly. According to the Administration, impairment levels of elderly service applicants are assessed under SCNAMES according to their abilities in activities of daily living, physical functioning, communication, memory, behaviour and emotion as well as their health conditions. This set of tools is considered effective in assessing the actual conditions and care needs of persons suffering from dementia. The Administration has further advised that SWD has commissioned the Sau Po Centre on Ageing of the University of Hong Kong to conduct a study on

³ The motion was passed with five votes in favour of it and two against it at the Panel meeting on 25 June 2016.

SCNAMES. It is expected that the study findings will help make enhancement to SCNAMES as well as ascertain the LTC needs of elderly persons and the provision of appropriate services.

22. In response to the Administration's inclusive policy on provision of elderly services, some members take the view that the policy on allocation of RCS places should be reviewed, and due care should be exercised to ensure that disparity of special needs of elderly persons residing in the same RCHEs would not be too great to defeat the purpose of the Administration's inclusive policy. These members are also concerned about the lack of policy on and dedicated services for elderly persons from sexual minorities. They consider that the Administration should address the issue of identity recognition for elderly persons from sexual minorities. The Administration is also requested to consider accommodating elderly persons from sexual minorities in need of RCS in the same RCHEs.

23. The Administration has advised that according to the study report of the Advisory Group on Eliminating Discrimination against Sexual Minorities under the Constitutional and Mainland Affairs Bureau, it is important to implement the spirit of anti-discrimination and avoid discrimination practices in the community. SWD will disseminate the relevant messages to welfare organizations, and provide training for its staff as appropriate to enhance their sensitivity towards service users who are elderly persons from sexual minorities. For residents of RCHEs, frontline social workers will conduct comprehensive assessments of their care needs, and provide appropriate support and services based on their actual circumstances.

24. Some members, however, consider that the recommendations on anti-discrimination strategies and measures set out in the study report of the Advisory Group do not squarely address the special needs of elderly persons from sexual minorities. Moreover, frontline social workers of relevant service units are considered not knowledgeable about the special needs of elderly persons from sexual minorities. These members are of the view that small groups should be formed in RCHEs/DEs for their elderly residents from sexual minorities. They also call on the Administration to collect information on population of elderly persons from sexual minorities during population census. In response, the Administration has advised that SWD will liaise with the Census and Statistics Department to examine the suggestion of collecting information on elderly persons from sexual minorities, and will meet relevant stakeholders to discuss provision of services for these elderly persons.

25. Some members have expressed concern about the special needs of elderly persons with disabilities. They also seek clarification of whether elderly persons aged over 60 with disabilities are provided with elderly care services or rehabilitation services. Given that neither elderly care services nor rehabilitation services can meet the care needs of elderly persons with disabilities, these members urge the Administration to address the service gap. As staff members of RCHEs/DEs do not know sign language, these members are also concerned about the communication problem of residents of RCHEs/DEs who have hearing impairment. According to the Administration, training on sign language is provided for staff of RCHEs to enable them to better take care of elderly persons with hearing impairment. In addition, special facilities, such as flashing devices, are installed in RCHEs to cater for their special needs.

26. In response to some members' concern about the problem of provision of interpretation services for elderly persons from ethnic minorities ("EMs"), the Administration has advised that having regard to the low utilization rate of interpretation services for EMs, SWD will enhance its publicity efforts in this respect. In addition, promotional leaflets on family services and elderly services are printed in Chinese/English and six EM languages to facilitate EMs, including those elderly persons, to make use of welfare services which are provided to all families and individuals regardless of their race. Moreover, all staff members of SWD are reminded to take note of the care needs of elderly persons from EMs.

27. Some members have expressed disappointment that there is a lack of service pledge and timetable for provision of services for elderly persons with special needs, such as service targets and resource allocation. These members call on various government bureaux/departments to work collaboratively to address the deficiencies of the elderly care services, including those for elderly persons with special needs, and set priority as appropriate. In addition, they take the view that relevant issues should be discussed at meetings of EC for the purpose of working out the policy directions. The Subcommittee suggests that the sixth Legislative Council ("LegCo") should continue to follow up the provision of services by the Administration for elderly persons with chronic diseases, elderly persons with dementia, elderly persons with disabilities as well as elderly persons from ethnic minorities and from sexual minorities.

Other issues

28. To facilitate elderly persons to age in the community, some members call on the Administration to identify a suitable site in each of the 18 districts for providing an assembling place for elderly persons. In addition, the Labour and Welfare Bureau is requested to liaise with the Transport Department with regard to deputations' suggestion of implementing a subsidy scheme for low-floor green minibuses running to and from hospitals. These members also share deputations' views that the Food and Health Bureau should address elderly persons' need for dental services and relax the age limit of participants of the Elderly Health Care Voucher Scheme.

Recommendations

29. The Subcommittee urges the Administration to consider the views and concerns expressed by members and deputations on various issues of concern as set out above. The Subcommittee also recommends that the Administration should:

Policy, planning and financing

- (a) set service targets for various kinds of elderly care services, in particular CCS and RCS;
- (b) spell out in ESPP the need for setting the aforesaid service targets and the basis for provision of LTC services (i.e. based on service user needs instead of their age);
- (c) extend the six-month case management service to strengthen the support for service users;
- (d) conduct a comprehensive review of the provision of elderly services, draw up a service provision plan and make projection on relevant expenditure;
- (e) set aside a sum of money for implementing ESPP to signify the Administration's commitment to provision of elderly services;

Community care services

- (f) instruct the consultant team to assess the need for CCS, and explore the relationship among IHCS, EHCCS, the CCSV Pilot Scheme and services provided by DEs/DCUs;
- (g) allocate more resources to increase provision of CCS and change the arrangement of meal delivery service during holidays from delivery upon request to automatic delivery unless advised otherwise by individual users;
- (h) further develop the Carer Allowance Pilot Scheme with increase in the amount of the monthly allowance;
- (i) engage female homemakers with income supplement for providing elderly care services in the community;

Residential care services

- (j) provide a specific timetable for strengthening the Administration's monitoring of private RCHEs;
- (k) make legislative amendments for enhancing manpower provision and spatial requirements of private RCHEs, as well as prescribing liability of private RCHE operators;
- (l) consider providing a wage supplement for frontline staff of private RCHEs to enhance their service quality;
- (m) introduce an evaluation system for RCHEs and allow public access to evaluation results of individual RCHEs;

Care services for elderly persons with special needs

- (n) set future direction of service provision for demented elderly and draw up relevant service provision plan to ensure adequate provision in this regard;
- (o) consider implementing a pilot scheme on provision of RCS for demented elderly;
- (p) review the policy on allocation of RCS places, and exercise due care to ensure that disparity of special needs of elderly persons residing in the same RCHEs would not be too great to defeat the

purpose of the Administration's inclusive policy on provision of elderly services;

- (q) address the issue of identity recognition for elderly persons from sexual minorities;
- (r) consider accommodating elderly persons from sexual minorities in need of RCS in the same RCHEs and form small groups for them in these RCHEs;
- (s) collect information on population of elderly persons from sexual minorities during population census;
- (t) clarify whether elderly persons aged over 60 with disabilities are provided with elderly care services or rehabilitation services;
- (u) address the problem of service gap between elderly care services and rehabilitation services, so that elderly persons with disabilities could be properly taken care of;
- (v) work collaboratively among various government bureaux/departments to address the deficiencies in elderly care services, including those for elderly persons with special needs, and set priority as appropriate;

Other issues

- (w) identify a suitable site in each of the 18 districts for providing an assembly place for elderly persons;
- (x) consider deputations' suggestion of implementing a subsidy scheme for low-floor green minibuses running to and from hospitals; and
- (y) address elderly persons' need for dental services and relax the age limit of participants of the Elderly Health Care Voucher Scheme.

30. The Subcommittee suggests that the sixth LegCo should continue to follow up the provision of services by the Administration for elderly persons with chronic diseases, elderly persons with dementia, elderly persons with disabilities as well as elderly persons from ethnic minorities and from sexual minorities.

Advice sought

31. Members are invited to note the work of the Subcommittee.

Council Business Division 2
Legislative Council Secretariat
12 July 2016

Panel on Welfare Services

**Subcommittee on Issues Relating to the
Future Development of Elderly Services Schemes**

Membership list

Chairman Hon CHEUNG Kwok-che

Deputy Chairman Hon TANG Ka-piu, JP

Members Hon LEUNG Yiu-chung
Hon Alan LEONG Kah-kit, SC
Hon LEUNG Kwok-hung
Hon CHAN Chi-chuen
Hon CHAN Yuen-han, SBS, JP
Hon LEUNG Che-cheung, BBS, MH, JP
Dr Hon Fernando CHEUNG Chiu-hung
Dr Hon Helena WONG Pik-wan

(Total : 10 members)

Clerk Mr Colin CHUI

Legal adviser Miss Rachel DAI

Date 15 January 2016

Panel on Welfare Services

**Subcommittee on Issues Relating to the
Future Development of Elderly Services Schemes**

Terms of reference

To study relevant policies and measures relating to the future development of elderly services, follow up the work of the Elderly Commission's Elderly Services Programme Plan, discuss relevant policies with the Administration and make timely recommendations.

**Subcommittee on Issues Relating to the
Future Development of Elderly Services Schemes**

List of deputations/individuals which/who have made oral representation to
the Subcommittee

1. 1st Step Association
2. Alliance for Universal Pension
3. Association for Transgender Rights
4. Baptist Oi Kwan Social Service
5. Care for Elderly Association
6. Chinese Grey Power
7. Chinese Young Men's Christian Association of Hong Kong Chai Wan
Neighbourhood Elderly Centre
8. Chosen Power (People First Hong Kong)
9. Christian Family Service Centre
10. Civic Party
11. Community Health for Elders League
12. Concerning Home Care Service Alliance
13. Democratic Alliance for the Betterment and Progress of Hong Kong
14. Dr LEE Chun-wing
15. Elderly Community Care Services Concern Group
16. Elderly Council of Tsuen Kwai Tsing District
17. Elderly Health Concern Group
18. Elderly Home Concern Group
19. Elderly Medical Concern Group
20. Elderly Rights League
21. Evangelical Lutheran Church Social Service – Hong Kong
22. Gay & Grey
23. Grassroots Development Centre
24. Helping Hand
25. HKSWGU-Elderly Community Care Services Concern Group
26. Hong Kong Alzheimer's Disease Association Carer Support
Sub-committee
27. Hong Kong Christian Service (Elderly Core Business)
28. Hong Kong Parkinson's Disease Association
29. Hong Kong Private Nursing Home Owners Association
30. Information Technology Development for the Elderly
31. Labour Party
32. Long Term Care Concern Group
33. Miss CHEUNG Nga-lam
34. Miss LUK Kam-shing
35. Miss WONG Tsz-yan
36. Mr CHAN Hing-lun

37. Mr CHEUNG Kie
38. Mr CHEUNG Wing-tsan
39. Mr CHONG Ka-wai
40. Mr CHOW Kam-pui
41. Mr FU Woon-pun
42. Mr FUNG Hing
43. Mr PUN Yue-sang
44. Mr TSANG Hin-hong
45. Mr TSANG Kar-kin
46. Ms CHAN Po-lin
47. Ms Christine FONG Kwok-shan, Member of Sai Kung District Council
48. Ms FUNG Miu-ha
49. Ms HSU Kok-man
50. Ms Ishigami LEE Fung-king Alice
51. Ms Joanna LAI Ching-wai
52. Ms LAW Mui-heung
53. Ms LI Wing-sheung
54. Ms WONG Ming-fung
55. Neighbourhood and Workers Services Centre
56. Our Bus Terminal
57. Out & Vote
58. Rainbow Action
59. Rainbow of Hong Kong
60. SME Global Alliance Elderly & Special Needs Services Association Limited
61. Social Service Development
62. Society for Community Organization
63. The Against Elderly Abuse of Hong Kong
64. The Elderly Services Association of Hong Kong
65. The Forthright Caucus
66. The Grassrooteer
67. The Hong Kong Council of Social Service
68. The Hong Kong Council of Social Service Specialized Committee on Elderly Service
69. The Hong Kong Council of Social Service Working Group on Long Term Care Service
70. The Hong Kong Council of Social Service Working Group on Dementia Care Service
71. The Hong Kong Society for the Blind
72. The Salvation Army
73. Women Coalition of HKSAR
74. Young Civics
75. 人手比例不符最低工資關注組
76. 安老服務質素關注組

77. 安老政策研究專責小組
78. 安老院舍服務關注組
79. 私人院舍質素關注組
80. 私營院舍關注組
81. 爭取資助院舍聯席
82. 社工復興運動—反「院舍券」社工陣線
83. 長者大聯盟
84. 長者服務工作組
85. 長者服務專業小組
86. 長者政策監察聯席之友
87. 長期護理關注平台
88. 青年民協
89. 前線員工權益關注組
90. 香港長者活力協會
91. 香港基督教服務處長者評議會
92. 婦女聯會
93. 將軍澳長者民生關注會
94. 智障人士老齡化關注組
95. 買位院舍關注組
96. 葵芳邨長者權益關注組
97. 葵涌邨長者權益關注組
98. 認知障礙症照顧聯盟
99. 銀齡發展聯席
100. 鄭詠龍
101. 優質院舍聯席
102. 護老者權益關注組

List of deputations/individual which have/who has provided written submissions to the Subcommittee only

1. Community Care and Nursing Home Workers General Union
2. LAU Wai-hang
3. Residential Care Service Concern Group
4. 卓新家長網絡