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Christian Family Service Centre

Comment on Pilot Scheme on Home Care and Support for Elderly Persons with Mild Impairment

(A) Positive areas

1. **Shortening the waiting time for mild impairment cases**
   This project can help to speed up elders with mild impairment receiving home care service from the waiting list of IHCS. They can receive the service within one or two months if they are eligible for admitting to this project after making assessment.

2. **Flexible choice on services package**
   Service users can choose a service package or items with different values. The project allows clients to select the types of services and frequencies of services which can suit their needs. This is relatively flexible when comparing to traditional IHCS.

3. **Freedom to choose service provider**
   Service users can choose their preferred service provider in the district when comparing to IHCS that the service provider has been pre-determined according to their living addresses.

4. **Clear objective and target**
   The project has a clear definition of service target (mild impairment elders), not like the IHCS which has wide scope of service target including elders with different levels of impairment and different ages. Needs of this specific service target are relatively similar, which is conducive to the service planning and resources input.

(B) Areas for improvement

Areas for improvement	Suggestions
1. Statistic form and reimbursement process is complicated and time consuming. Different statistic forms are required to be submitted to the SWD Elderly branch and the Community Care Fund quarterly. The month of submission for these forms is not the same and the content is clumsy and time consuming in preparation, especially in Form 2B that we need to report service hours and meals for each case.	a) **Simplify the reimbursement process** It is recommended to combine Form 2B into Form E1. In addition to reporting the number of people receiving service, the no. of meal and service hours can also be reported at Form E1, and then the total hours and meal number of service provided by the unit can be displayed at Form E1. SWD can reimburse the total hours ($134) and no. of meal ($ 55) uniformly. There is no need to differentiate different charging levels, because most of these cases belong to the first or second level of the co-payment. The amount of payment for each case is so small that it can be directly transferred to NGO. This can simplify the reimbursement process.
2. Applying for additional service value requires too much detail and social workers spend lots of time to handle When the service value exceeds the upper limit of the service users, social worker needs to prepare letter to Elderly Branch to apply for discretion. The supplementary information and documents are also needed to be submitted, which is very time consuming.	**a) Remove the upper limit** It is recommended to remove the upper limit of the service value and trust the professional assessment of the agency and social workers to provide the required services for the elderly. **b) Simplify the content and supporting document.** If the upper limit of the service value cannot be cancelled, as to simplify the content, listing the reasons and service hours required is enough. The requirement of providing records of past six months and other supplementary documents should be removed.

3. Prevention role of this project cannot be implemented effectively The pilot project expects the social worker intervention can maintain the health condition of the users. However it has no resources of para-medical staff such as PT, RN in the project to support the social worker to set up ICP for each case.	**a) Increase the manpower of para-medical staff** Case assessment and intervention would be more comprehensive as the para-medical staff can provide clinical intervention and preventive programmes such as talk, consultation, and staff training, etc. In future, if the project is incorporated into the IHCS, the manpower of para-medical staff is recommended to be included in to IHCS for early intervention. Now, only IHCS frail cases have resources of para-medical staff.
4. Failure to shorten the IHCS waiting list Large amount of our IHCS applicants belong to moderate grade of impairment. They are not eligible to the project and still on the waiting list of IHCS. They cannot receive any service but those elders with mild impairment can join this project. Some of them complain that they cannot receive any service even though they are frailer than those with mild impairment.	**a) Increase IHCS teams for some district with huge no. of elders on waiting list** **b) Increase the quota of IHCS frail case and EHCCS** **c) Remove the barriers for EHCCS cases** EHCCS cases should not be required to receive several types of services that they do not have needs, like receiving exercise service. Elders have their individual living habit and pattern. If it is compulsory for them to do exercise, they may choose to reject the EHCCS and stay at IHCS.
5. Difficulty to provide meal service Existing service value of $55 per meal is not enough to cover the cost of food and manpower for food delivery	**a) Increase the service value of meal** **b) Develop the volunteer service in IHCS** Recruitment of frontline home care workers is very difficult. Development of volunteer service in IHCS to assist the service provision is recommended.

6. Limited sponsored amount **i) Full Meal users not able to use other services but only meals** It is because they only have $2750/month service value to use. If users who receive two meals per day (from Mon to Sat), they have already used up all their value and cannot receive further home care service. For tradition IHCS case, the users can obtain full meal service and also other home care service. The service demand is not restricted by the ceiling of service value. **ii) Service users cannot use other home care service if they need intensive escort service for medical follow up** Many service users have intensive medical follow up. They may use up all 12 hours for escort service and also cannot receive further home care service such as household cleaning. For tradition IHCS case, the users can receive all these services with no ceiling to restrict their service demand.	**a) Meal service can be counted individually according to their actual needs.** **b) Separate the calculation of meal service value and service value other than meal.** Separated reimbursement of meal expenses is recommended, excluding it from the service value calculation. c) **Separate the calculation of escort service.** Escort service can be counted separately from the 12 hours service.
7. Some guideline can be set by SWD such as the transition of service Once the elders are admitted into this project, they will be classified as "mild impairment". However, if their health condition deteriorate, they will become "moderate or severe impairment" and they need to be transferred to EHCCS or elderly home. However, there is no guideline for handling these cases whether they can stay at this project until receiving other service or they have to leave this project.	**a) Guideline can be set up.** Clarifying the procedure for allowing the users staying at this project until receiving other service which can help service provider easier to follow.

8. Heavy workload of social worker This project only has subvention on the manpower of social worker but no resources for supporting staff. As a result, social workers need to do a lot of administrative work including work allocation of home care worker, statistic calculation and financial handling. They cannot focus on case work.	**a) Increase manpower** Subvention including the manpower of supporting staff is recommended so that the social worker can put more effort on case work
9. Lack of accredited assessor for mild grade assessment Each service user needs to be assessed by accredited social worker when they admit to the service and the review should be done yearly. However, if there is staff turnover of social worker, the new comer cannot conduct the assessment. Thus the workload of the original social worker increases. The efficiency of service provision will be affected.	**a) Provide regular training** SWD and HKU provide regular training for new social workers to ensure there are sufficient accredited assessors. Or **b) Set up a central office for all assessment (like SCNAMO)** No need to conduct assessment every year. Referring to central office when the elderly's situation has change (like LTC system).