

(TRANSLATION)

ELDERLY COMMISSION

**ASSESSMENT ON THE DEMAND OF THE ELDERLY FOR
HOUSING AND RESIDENTIAL CARE SERVICES AND
STRATEGY TO MEET LONG-TERM NEEDS**

REPORT

SEPTEMBER 1998

ELDERLY COMMISSION

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EXECUTIVE SUMMARY

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INTRODUCTION (Chapter 1)

In his 1997 Policy Address, the Chief Executive asked the Elderly Commission to carry out a comprehensive assessment on the long-term demand of the elderly for housing and residential care services and recommend a strategy to meet the long-term needs. The Elderly Commission set up an Ad Hoc Committee on Housing and Residential Care (the Ad Hoc Committee) to carry out the task.

Terms of reference and work plan

2. The terms of reference of the Ad Hoc Committee are as follows:

- (1) to review the supply and demand of housing and residential care places for the elderly, with a view to increasing the supply by the public and private sectors to meet the demand in accordance with the agreed policy;
- (2) where feasible, to recommend improvements to the current public housing allocation policies in respect of the elderly, including the various priority schemes for the elderly, with a view to achieving the policy objective of “ageing in place”;
- (3) to keep under review admission criteria and arrangements of various types of residential care homes for the elderly, with a view to achieving the policy objective of continuum of care. Where feasible, new initiatives that can help to improve the delivery of services should be mapped out; and
- (4) to undertake any task in relation to housing and residential care assigned by the Elderly Commission.

3. The Ad Hoc Committee was set up at the end of August 1997 and held its first meeting in early October. Up to August 1998, it had met for a total of 10 times.

POLICY DIRECTION ON CARE FOR THE ELDERLY (Chapter 2)

4. The Ad Hoc Committee affirms that “continuum of care” is central to the policy on care for the elderly. Elderly people, whether living at home or in residential institutions, should stay in a familiar environment when their health conditions change. Hence, the Ad Hoc Committee considers that the concept of “continuum of care” should be extended to facilitate the coordination among family care, day care and residential care services.

5. The Ad Hoc Committee reaffirms the important role of the family in caring for the elderly. The Government should continue with its public housing allocation and taxation policies to encourage and assist families to take care of their elderly members. Having regard to the communication gap between the older generation and the younger generation, the Government should promote and strengthen, through various channels, communication between the two generations. On the other hand, the Government should respect elderly people's right of choice and provide adequate public housing flats for single elderly persons and elderly couples.

6. The Government should formulate policies to enable private property developers to become aware of the role they can play, and should encourage them to provide flats with suitable facilities for lease or sale to the elderly.

7. For families who take care of their elderly members, the Government should strengthen the existing support services, improve respite service, consider increasing professional outreaching services, and provide suitable support to carers of the elderly. For elderly people with no relatives and who cannot take care of themselves, or those who live with their families but whose conditions are too frail to be properly cared for at home, the Government should continue to develop residential services to meet their needs.

8. The Ad Hoc Committee reiterates that the Government should create an environment conducive to healthy competition to tie in with the development of a mixed economy of service provision, so as to offer more choice to the elderly and improve service quality through introducing more competition in the market. The Government should also devise a policy on private residential care homes to provide basic conditions for the private sector to operate in the market.

9. In the long run, when the mixed economy of service provision is fully developed, the Government may consider changing from its current role of direct participation as a service provider to the role of service purchaser.

ASSESSMENT ON THE HOUSING DEMAND OF THE ELDERLY (Chapter 3)

10. There are two main types of potential demand of the elderly for assisted rental housing. One is new demand and the other is generated demand.

11. The major source of supply of assisted rental housing for the elderly is the Housing Authority's new or vacant 1-person and 2-person flats as well as Housing for Senior Citizen units.

12. The Housing Bureau has made an assessment on the demand of the able-bodied elderly for 1-person and 2-person assisted rental housing. According to its projection, the total demand of the elderly for assisted rental housing in the next ten years is 73 730 units while the total supply is 68 560 units, the shortfall being 5 170. This projection may be affected by changes in policies or social circumstances. The Housing Bureau has remarked that it would establish a system to assess the demand accurately and regularly. It would also draw up and continue to implement a comprehensive flat supply programme to meet the housing needs of the elderly population, and would take into account their non-quantitative needs.

ASSESSMENT ON THE DEMAND OF THE ELDERLY FOR RESIDENTIAL CARE SERVICES (Chapter 4)

13. The HKSAR Government's policy on care for the elderly is to encourage the elderly to age at home. The elderly need suitable community support services in order to remain in the community. The following categories of residential care services are currently provided to meet the diverse needs of the elderly:

- (1) elderly hostel;
- (2) home for the aged;
- (3) care and attention home (C & A home); and
- (4) nursing home.

14. In May 1996, the Government commissioned a consultancy firm to study the needs of the elderly for residential care and community support services. The consultant points out in his report that demand for services does not necessarily represent the actual need for services. When assessing the needs of the elderly for residential care services, the Government should define the genuine demand.

15. According to projection, of the 27 000 elderly persons on the waiting lists of homes for the aged, C & A homes and nursing homes, about 13 000 meet the admission criteria. In the next few years, with the ageing of the population, it is estimated that the number of elderly people with genuine need for residential care services will continue to increase.

16. There are three main sources of supply of subvented places, namely newly provided subvented places, additional places purchased from private homes and vacancies arising from the turnover of existing subvented places. In the next four years, there will be an annual supply of about 3 000 to over 4 000 residential care places, and the annual increase in the number of elderly people with genuine demand is estimated to be between 1 700 and 3 300. The number of places available for allocation in each of the next four years, except for 2001/02, will therefore exceed the net increase in genuine demand in the same year. This will shorten the waiting list and waiting time for C & A homes.

17. Action is now in hand to set up a Gate-keeping mechanism to improve the allocation of elderly services. It is believed that the mechanism will be of considerable assistance in identifying the genuine demand. The Administration also expects that it will help reduce the waiting list and waiting time for services.

PUBLIC HOUSING ALLOCATION FOR THE ELDERLY (Chapter 5)

18. The Ad Hoc Committee recognizes the need to provide flats with suitable facilities and services for elderly people. The Housing Authority and Housing Department have various priority housing schemes for the elderly, including Single Elderly Persons Priority Scheme, Elderly Persons Priority Scheme, Families with Elderly Persons Priority Scheme and Special Scheme for Families with Elderly Persons. These schemes benefit the elderly as well as families willing to reside with their elderly members.

19. To promote family care for elderly people, the Housing Authority has recently improved on the existing elderly priority schemes, such as extending the Families with Elderly Persons Priority Scheme to non-nuclear families with elderly members and further reducing the waiting time by two years instead of one year. Under the Home Ownership Scheme and Private Sector Participation Scheme, preference is given to families with elderly members to improve the success rate of their applications and to upgrade their flat selection priority, e.g. from ordinary green form status to third priority green form status. Under the Home Purchase Loan Scheme, families living with their elderly members are accorded priority over other applicants in the same phase.

20. On the other hand, the Housing Authority has implemented the Estate Social Service for the Elderly Scheme (commonly known as Estate Liaison Officer Scheme) since 1990 with a view to establishing contact with elderly people living alone in public housing estates, identifying their personal needs and the resources required to meet their needs,

encouraging their participation in social activities and volunteer work, and setting up support networks for them. The scheme is now implemented in 26 estates.

21. Broadly speaking, there are two main categories of housing for the elderly in public rental estates, namely Housing for Senior Citizens and small self-contained flats. Housing for Senior Citizens is provided with warden services to organize recreational activities for the elderly residents and to attend to emergency situations. Small self-contained flats are equipped with a kitchen and a bathroom. They are provided through new construction or by refurbishment of vacated flats in old estates. In the majority of public housing estates, facilities and services are provided specifically for elderly people. The Housing Authority allocates space for voluntary agencies to operate community support services for the elderly, such as social centres, day care centres, health centres, C & A homes etc.

22. The Senior Citizen Residence Scheme is a new housing initiative which aims to integrate domestic and supportive components to enable the elderly to “age in place” and enjoy healthy living. Flats will be constructed by the Housing Society to lease for life to eligible elderly persons. The scheme will be implemented on a pilot basis at two sites in Tseung Kwan O and Ngau Tau Kok. It is expected that building works will commence in mid-1999 for completion by the end of 2001/02.

23. The Ad Hoc Committee appreciates that public housing resources are limited and that the demand and supply situation should be taken into account when considering the priorities. However, in order to reflect the needs of elderly people of different age groups and health conditions, the Ad Hoc Committee recommends that:

- (1) more concessions in waiting time and flat allocation should be given to families who take care of elderly people with impairment;
- (2) as with arrangements in overseas countries, more concessions should be given to the “older” old, say those 75 years of age or over; and
- (3) the Housing Department should consider a review of the Estate Liaison Officer Scheme.

RESIDENTIAL CARE SERVICES (Chapter 6)

24. The reasons for the shortage of residential care homes in Hong Kong are rather complicated, but they can be broadly grouped into the following three categories:

- (1) insufficient subvented residential care places;
- (2) the varying service quality of private residential care homes; and
- (3) mismatch of resources.

25. There are but two solutions to the problem of shortage of residential care homes. Firstly, we must define genuine demand so that only elderly people with genuine needs can obtain the services required. Secondly, we must increase the supply of residential care places, and this should be achieved through a mixed economy of service provision.

Defining genuine demand

26. In defining genuine demand, the Ad Hoc Committee agrees that residential care services should be directed to elderly people with genuine needs. In the longer term, homes for the aged should adopt the same admission criteria as C & A homes. Able-bodied elderly people and those who can take care of themselves should remain in the community. To implement this recommendation, the Government must first improve the staffing and facilities of homes for the aged and provide support services for elderly people living in the community. The Ad Hoc Committee stresses that the revised admission criteria should only be applied to elderly people on the waiting list. Those already living in homes for the aged should not be affected. The Ad Hoc Committee notes that government departments concerned will follow up on arrangements for elderly people on the waiting list.

Gate-keeping mechanism

27. To ensure better use and appropriate allocation of existing resources for elderly services, the Health and Welfare Bureau (HWB) should consider setting up a Gate-keeping mechanism for elderly services. Under the proposed mechanism, assessments will mainly be conducted by the Gate-keepers, who comprise community nurses, social workers and medical social workers. When making applications for residential or community services on behalf of the elderly, caseworkers will refer the elderly to the Gate-keepers, who will then assess their health conditions and needs for nursing care. Taking into account the service resources and urgency of their need for services, the Gate-keepers will submit applications to the providers to arrange appropriate services for the elderly.

28. By adopting a standardized assessment tool, assessments will be more objective and efficient, and duplication in assessment work can be avoided. Since all applications for community or residential services by the elderly must go through the Gate-keeping

mechanism, the Administration can have a clearer understanding of their needs and take them into account in service planning.

29. The Ad Hoc Committee supports the direction of Gate-keeping and agrees that the new mechanism can enhance the cost-effectiveness of resource utilization in providing elderly services, improve the objectivity and efficiency of the assessments, and allowing elderly people in need to receive priority service. The Ad Hoc Committee also recommends that when developing the assessment tool, participation of NGOs and elderly people is necessary. In providing services, the personal preferences of the elderly should be taken into account whenever possible. Suitable appeal channels should also be established. If this mechanism works well, it can help identify the demand of the elderly for residential care, domiciliary or other community services, and allow those in urgent need to have priority access to residential care homes.

Increasing the supply of residential care places

30. In order to increase the supply of residential care places within a short time, the Ad Hoc Committee agrees that the utilization rate of existing places should be further improved and suggests that subvented care homes should process applications before the vacancies arise.

31. The Ad Hoc Committee agrees that the Government should continue to buy residential places from private care homes because this would increase the supply within a relatively short time.

32. The Ad Hoc Committee hopes that by increasing the supply of places under a mixed economy of service provision, subvented, private and self-financing homes would improve their service quality through competition and offer more choices to the users. But the Ad Hoc Committee considers that the Government should continue to allocate more resources for the development of new subvented or self-financing care homes.

33. Given the huge demand for residential care homes and the shortage of land in the urban area, the traditional method of building single-block care homes is considered to be under-utilizing the resources. It does not optimize site potential, and the speed of development cannot catch up with the increase in demand. In this respect, the Ad Hoc Committee agrees that there is a need for change. Under the established policy, the Government would provide purpose-built premises for subvented care homes, while private homes have to identify premises themselves. Most of the private care homes are presently

located in non-purpose-built premises, converted from domestic flats or commercial units. These premises are not conducive to the development of quality services. The Ad Hoc Committee recommends that the policy of providing purpose-built premises should be extended to private care homes under the BPS and self-financing care homes.

34. The Administration is also planning to develop sites reserved for community centres into joint-user buildings. The lower floors of these buildings will be reserved as residential care homes. At the same time, the Social Welfare Department (SWD) is identifying more existing buildings suitable for care home purposes, such as vacant commercial premises or ex-government staff quarters. These premises will be provided for subvented, private or self-financing care homes. This measure will increase the supply of residential care places and gradually phase out care homes located in substandard premises. The Director of Social Welfare will head an inter-departmental working group to follow up the plan.

Encouraging the private sector to provide accommodation for residential care homes

35. The Ad Hoc Committee appreciates the important role the private sector plays in the supply of accommodation for residential care homes. A member of the Ad Hoc Committee has raised a number of proposals as follows:

- the Government to include suitable conditions in land sale programmes and modification of lease conditions;
- granting building concessions (such as bonus plot ratio) to require developers to provide accommodation for care homes;
- if a developer voluntarily includes care home premises in his development plan, the Government should exercise discretion to give special consideration to his application;
- the Building Authority should consider relaxing the relevant regulations when examining applications to convert shopping arcades into care homes. When modifying lease conditions, the Government could consider a fixed premium; and
- the Government should consider amending legislation as necessary to override relevant provisions in Deeds of Mutual Covenant to permit the operation of residential care homes in private buildings.

36. The policy bureaux and departments concerned will further study and follow up these proposals.

Outreaching health care and medical services

37. Under the current system, subvented C & A homes are allocated funds for hiring visiting doctors to provide general outreaching medical services for their residents. While recognizing the need to provide medical support for elderly residents of care homes, the Ad Hoc Committee considers it necessary to further study the interface between residential care services and medical services.

38. At present, both the Hospital Authority and Department of Health operate outreaching services for elderly people living in the community and residential care homes. The Visiting Health Teams of the Department of Health provide preventive and promotive services to the residents of private and subvented care homes as well as the elderly in the community. These teams also give the carers support and proper information on care for the elderly. The Hospital Authority, on the other hand, provides specialist outreaching services. The Ad Hoc Committee recommends that these outreaching services should be extended to self-financing homes and private homes under the bought place schemes.

A sense of belonging

39. We will continue to encourage and enable the elderly to age at home. We will also focus on providing residential care services for the frail elderly who cannot receive adequate care in the community. To examine in depth the policy on community support services, the Elderly Commission is setting up an “Ad Hoc Committee on Home Care” to carry out studies on the topic.

SELF-FINANCING RESIDENTIAL CARE HOMES (Chapter 7)

40. Self-financing residential care homes are non-profit-making elderly homes operated by Non-governmental Organizations (NGOs) without government recurrent subvention. The Government has all along encouraged a mixed economy of service provision to give the elderly more choice in residential care services. However, there is room for development of self-financing homes in Hong Kong. The Ad Hoc Committee has reviewed the operation of self-financing homes and made recommendations on the development strategy.

41. The Ad Hoc Committee recommends that a suitable operating environment should be created to further encourage the setting up of more self-financing homes by NGOs. The following measures can be considered:

- (1) to provide suitable premises for self-financing homes;
- (2) to provide financial assistance through bought place schemes;
- (3) in planning new care homes, to allow the operation of both subvented and self-financing places in the same home to enable flexible use of resources; and
- (4) it is noted that the provident fund balance and experience of non-professional staff of self-financing homes are not recognized when they are employed in subvented care homes. The Ad Hoc Committee hopes that the Administration will consider recognizing the provident fund balance and experience of non-professional staff on transfer to subvented homes, as in the case of professional staff.

PRIVATE RESIDENTIAL CARE HOMES (Chapter 8)

42. Private residential care homes play a very important role in the provision of residential care for the elderly, but their service quality varies. As at the end of July 1998, of the 425 private care homes, 60 were licensed by SWD and the remaining 365 operated on certificates of exemption. Together they provided about 24 000 residential care places, representing about 53% of the total supply in the territory.

43. Despite SWD's Financial Assistance Scheme, private care homes may still be unable to finance improvement works because over 80% of their elderly residents are recipients of Comprehensive Social Security Assistance and are unable to afford higher fees.

44. Most of the private care homes are located in premises converted from private domestic flats or shopping arcades. Apart from in-situ constraints, their operation is often subject to objections from other users of the buildings on grounds that they contravene building usage specified in Deeds of Mutual Covenant.

45. Another licensing obstacle faced by some private care homes operating on certificates of exemption is the difficulty in recruiting sufficient Health Workers and Care Workers. Since 1995, about 1 150 trainees have graduated from health worker training courses, but the wastage of graduate trainees is as high as 60%. The main reasons for the shortage of Health Workers and Care Workers are long working hours and low wages.

46. By offering higher purchase prices under the Enhanced Bought Place Scheme (enhanced BPS), the Government helps private home operators recruit staff at higher wages.

Apart from financial assistance, SWD is also following up on proposals with regard to manpower training, such as the supply of Health Workers and improving their professionalism.

47. The Ad Hoc Committee affirms the importance of manpower training for elderly services and hopes that the Elderly Commission will conduct further studies and make recommendations to the Government.

48. As regards the failure of private care homes to meet the requirements on building, fire, electrical and gas safety under the Residential Care Homes (Elderly Persons) Ordinance, the Ad Hoc Committee considers that the problem could be more effectively dealt with if care home operators engage the services of Authorized Persons.

BOUGHT PLACE SCHEME (Chapter 9)

49. The Ad Hoc Committee appreciates the difficulties facing private care home operators and hopes that the Bought Place Scheme (BPS) and the enhanced BPS can provide financial incentive to encourage them to improve their service quality.

50. The main features of the enhanced BPS are as follows:

- (1) residential care homes participating in the enhanced BPS should be those licensed under the Residential Care Homes (Elderly Persons) Ordinance (Cap. 459);
- (2) those operating on certificates of exemption can also participate in the enhanced BPS, subject to their obtaining a licence within six months. During this period, prices for their bought places should be reduced accordingly;
- (3) the net floor area per resident should not be less than 8m²;
- (4) enhanced health and care staffing;
- (5) the monthly purchase price for each place under the enhanced BPS will be about \$1,000 higher than that of the existing BPS; and
- (6) to reflect the improved health and care services, the user fees payable by

the elderly should be higher to reflect service costs. The monthly user fee is \$1,603 for enhanced A2 and \$1,707 for enhanced A1.

51. The Ad Hoc Committee hopes that the enhanced BPS could assist private care homes to raise their service quality gradually and to compete at a higher level. The Director of Social Welfare is reviewing the subvention system and one of the items is to draw up funding and service agreements and service quality standards to evaluate the quality of subvented services. The Administration will extend the concept of service quality standards and monitoring to private care homes participating in the bought place schemes.

RESIDENTIAL CARE SERVICES FOR THE ELDERLY - CONTINUUM OF CARE (Chapter 10)

52. At present, the Government subsidizes various types of residential care institutions to cater for the different care and social needs of elderly people of varying health conditions. Since different types of care homes are currently adopting different admission criteria which are based on the level of care required by the elderly, when their health conditions deteriorate, elderly people have to be transferred to other care institutions. For the elderly, sudden change of environment could be very unsettling. To attain the policy objective of “a sense of belonging” and enable elderly people to stay in a familiar environment when their health conditions deteriorate, the Ad Hoc Committee reaffirms that “continuum of care” is essential in residential care services.

53. To implement the concept of “continuum of care”, residential care homes should be provided with appropriate facilities and staffing, so that they can meet the care needs of the elderly residents whose health conditions change constantly. The elderly can remain in the care home and there is no need for them to be moved to other care homes that provide a higher level of care.

54. To achieve the concept, the Government has since 1996 issued Infirmary Care Supplements to C & A homes to enable them to recruit extra staff to meet the care service needs of the elderly.

55. To further implement the concept of “continuum of care”, the Ad Hoc Committee proposes that in future, subvention should be calculated in accordance with the care needs of all elderly residents of a care home. A two-year pilot scheme should be launched at two C & A homes to test the results.

SUMMARY OF MAIN RECOMMENDATIONS

The main findings and recommendations of the Ad Hoc Committee are summarized as follows:

Chapter 2 : POLICY DIRECTION ON CARE FOR THE ELDERLY

- (1) “Continuum of care” should be central to the policy on elderly services.
- (2) The family plays a very important part in caring for the elderly. The Government should, through public housing allocation and taxation measures, encourage and assist families to take care of the elderly.
- (3) The Government should, through various channels, promote communication between the older and the younger generations.
- (4) The Government should respect elderly people’s right of choice and provide adequate public housing flats for single elderly persons and elderly couples.
- (5) The Government should strengthen support services, improve respite service, consider increasing professional outreaching services, and provide the support needed by carers to assist them to better care for the elderly.
- (6) The Government should formulate relevant policies and encourage private property developers to provide flats with suitable facilities for lease or sale to the elderly.
- (7) The Government should continue to develop residential services to meet the need.
- (8) The Government should create an environment conducive to healthy competition to tie in with the development of a mixed economy of service provision. This will offer more choice to the elderly and improve service quality through introducing more competition in the market.
- (9) The Government should devise a policy on private residential care homes to provide basic conditions for them to operate in the market.

- (10) When the mixed economy of service provision is fully developed, the Government may consider changing to the role of a service purchaser.

Chapter 3 : ASSESSMENT ON THE HOUSING DEMAND OF THE ELDERLY

- (11) When calculating the housing demand of the elderly, the Housing Bureau should take into account the demand generated from revision of the admission criteria of homes for the aged.

Chapter 4 : ASSESSMENT ON THE DEMAND OF THE ELDERLY FOR RESIDENTIAL CARE SERVICES

- (12) HWB should review the interface of services of residential care homes and infirmaries.

Chapter 5 : PUBLIC HOUSING ALLOCATION FOR THE ELDERLY

- (13) More concessions in waiting time and flat allocation should be given to families who take care of elderly people with impairment.
- (14) As with arrangements in overseas countries, the Housing Bureau may consider according more concessions to the “older” old, say those 75 years of age or over.
- (15) The Housing Department should consider a review of the Estate Liaison Officer Scheme.

Chapter 6 : RESIDENTIAL CARE SERVICES

- (16) HWB should consider how to coordinate with the Housing Department in caring for those elderly people who have a housing need but who do not meet the admission criteria of residential care homes.
- (17) SWD should, as far as resources permit, consider buying more residential care places after observing the response of the market and the elderly towards the enhanced BPS.
- (18) SWD should improve the utilization rate of existing residential care places.
- (19) SWD should follow up with the welfare sector the arrangements to convert home for the aged places into C&A places as far as resources permit.

- (20) An inter-departmental working group led by the Director of Social Welfare should consider how to increase the supply of premises for residential care homes, such as through leasing or tendering out suitable government premises (e.g. ex-staff quarters) and vacant units in public housing estates, development of sites reserved for community centres, etc.
- (21) The Government should extend to private and self-financing homes the policy of providing purpose-built premises.
- (22) The Government should consider including suitable conditions in land sale programmes or modification of land leases requiring property developers to provide accommodation for residential care homes.
- (23) The Government should consider exempting residential care homes licensed by SWD from user restrictions in land leases and building occupation permits.
- (24) The Government should consider extending the health and specialist outreaching services to self-financing homes and private homes under the BPS.
- (25) The Ad Hoc Committee on Home Care to be set up shortly may conduct more in-depth discussions on the policy on community services.

Chapter 7 : SELF-FINANCING RESIDENTIAL CARE HOMES

- (26) When planning new care homes, SWD should consider allowing the operation of both subvented and self-financing places in the same home to enable flexible use of resources.
- (27) SWD should extend the enhanced BPS to self-financing homes.

Chapter 8 - PRIVATE RESIDENTIAL CARE HOMES

- (28) Operators of residential care homes should engage the services of Authorized Persons to assist them in dealing with the various requirements on building, fire, electrical and gas safety under the Residential Care Homes (Elderly Persons) Ordinance.
- (29) Having regard to the needs of the industry and the wastage rate of health worker training course graduates, SWD should organize more training courses and strengthen

the practical aspects of the courses to meet the manpower requirement and the needs of the relevant industry.

Chapter 9 : BOUGHT PLACE SCHEME

- (30) In future, when it is necessary to revise the user fees under the enhanced BPS, SWD should take into account the level and costs of the health and care services provided.
- (31) SWD should extend the concept and monitoring of service quality to private care homes under the enhanced BPS and monitor their performance in accordance with the service quality standards.

Chapter 10 : RESIDENTIAL CARE SERVICES FOR THE ELDERLY - CONTINUUM OF CARE

- (32) SWD should launch a two-year pilot scheme on the “continuum of care” concept at one or two C & A homes to test the results.

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ELDERLY COMMISSION

ASSESSMENT ON THE DEMAND OF THE ELDERLY FOR HOUSING AND RESIDENTIAL CARE SERVICES AND STRATEGY TO MEET LONG-TERM NEEDS

REPORT

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CHAPTER 1

INTRODUCTION

The Chief Executive reiterated in his 1997 Policy Address that caring for the elderly was the responsibility of every family, and it was the Government's policy objective to provide the elderly with a sense of security, a sense of belonging and a feeling of health and worthiness. As regards providing the elderly with a sense of belonging, the Government must fully understand elderly people's demand for housing and residential care services before it could formulate effective policies and strategies. In his Policy Address, the Chief Executive asked the Elderly Commission to conduct a comprehensive review on the long-term demand of the elderly for housing and residential care services and recommend a strategy to meet the long-term needs.

2. In August 1997, the Elderly Commission set up an Ad Hoc Committee on Housing and Residential Care (the Ad Hoc Committee) to carry out the task.
3. The terms of reference and work plan of the Ad Hoc Committee are as follows:
 - (1) to review the supply and demand of housing and residential care places for the elderly, with a view to increasing the supply by the public and private sectors to meet the demand in accordance with the agreed policy;
 - (2) where feasible, to recommend improvements to the current public housing allocation policies in respect of the elderly, including the various priority schemes for the elderly, with a view to achieving the policy objective of "ageing in place";
 - (3) to keep under review admission criteria and arrangements of various types of residential care homes for the elderly, with a view to achieving the policy objective of continuum of care. Where feasible, new initiatives that can help to improve the delivery of services should be mapped out; and
 - (4) to undertake any task in relation to housing and residential care assigned by the Elderly Commission.

The membership list of the Ad Hoc Committee is at Appendix 1.

4. The Ad Hoc Committee identified at its first meeting a number of topics for consideration (see Appendix 2), and eight of them were given priority over others. These included “policy direction on care for the elderly”, “supply and demand of residential care homes and their admission criteria”, “private residential care homes”, “bought place scheme” and “housing for the elderly”.

5. The Ad Hoc Committee was set up at the end of August 1997 and held its first meeting in early October. Up to August 1998, it had met for a total of 10 times to deal with topics mentioned in paragraph 4 above. This is a report of what has been discussed, studied and arrived at by its members over the past 11 months.

6. The report comprises the following chapters :

- (1) Chapter 2 “Policy Direction on Care for the Elderly” which sets out the direction of discussion for the Ad Hoc Committee;
- (2) Chapter 3 “Assessment on the Housing Demand of the Elderly ” and Chapter 4 “Assessment on the Demand of the Elderly for Residential Care Services” which assess the elderly people’s needs for these services;
- (3) Chapter 5 “Public Housing Allocation for the Elderly”, Chapter 6 “Residential Care Services”, Chapter 7 “Self-financing Residential Care Homes”, Chapter 8 “Private Residential Care Homes”, Chapter 9 “Bought Place Scheme” and Chapter 10 “Residential Care Services for the Elderly - Continuum of Care” which set out the policy direction on housing and residential care services for the elderly; and
- (4) Chapter 11 “Conclusion” which sums up the previous discussions and recommends a long-term strategy on the provision of housing and residential care services for the elderly.

7. A list of Government departments and organizations that has offered assistance to the Ad Hoc Committee is at Appendix 3. A summary of the recommendations is at Appendix 7.

CHAPTER 2

POLICY DIRECTION ON CARE FOR THE ELDERLY

To guide the direction of future discussions, the Ad Hoc Committee has studied the direction of future policy on care for the elderly and put forward the concept of mixed economy of service provision.

Background of the Policy

2. In 1977, the Government conducted an overall review of various social welfare schemes. After extensive consultation, a white paper on social welfare in Hong Kong was published in 1979. With regard to care for the elderly, the report stated that the objective should be to promote the well-being of the elderly through care in the community and by the community. To achieve this objective, the Government considered that the strategy should be three-fold:

- (1) to provide community services that would encourage families to look after their elderly members, or enable elderly people on their own to live independently and with dignity in the community for as long as possible;
- (2) to provide residential care services for those who for health or other reasons could no longer live with their families or on their own; and
- (3) to strengthen education so that the community at large would understand that old age could be a positive and productive period. Through continuous involvement in community life, old people could be respected and sense of belonging. Moreover, this would allow them to put to good use the experience they had acquired during their younger days and thus benefiting both themselves and the community.

3. In 1990, the Government set up a working party to formulate proposals and solicit public views on the objectives and further development of social welfare services. In March 1991, another white paper on social welfare in Hong Kong was published. On care for the elderly, the policy of the Government was:

- (1) to continue to encourage care for the elderly by family members within a family context and to strengthen support for their carers so that the elderly would be able to remain members of the community for as long as possible;

and

- (2) to provide suitable residential care for elderly people who were in need but could not be cared for by their family members.

4. In 1993, the Government set up a working group to conduct a general review of services for the elderly and to formulate proposals on the objectives and future development of such services. In its report published in 1994, the working group introduced the following concepts of care for the elderly:

- (1) “community care” was reaffirmed as the underlying concept of the policy on care for the elderly, and a wide range of proposals were made on improving and enhancing day and domiciliary care services; and
- (2) on residential care services, while a slow degeneration in health was part of the ageing process, elderly people staying in residential care homes should be allowed to live in a familiar environment as far as possible. To help residential care homes provide continuous services, the working group recommended granting these homes supplements to employ additional staff to care for their residents.

Direction of Future Policy on Care for the Elderly

5. The Ad Hoc Committee has discussed the concepts of the policy on care for the elderly. Its views are summarized below:

- (1) The Concept of Continuum of Care

Most elderly people, whether living in the community or in residential institutions, prefer to stay in a familiar environment when their health conditions change. The Government’s policy has always been to encourage and enable the elderly to receive continuum of care in the place they have been living. The Ad Hoc Committee affirms that the concept of continuum of care is central to the policy on elderly services.

The Ad Hoc Committee considers that the concept of continuum of care should be extended to facilitate the coordination among family care, day services and residential care services. Usually, elderly people age at home. However, when their health conditions change to such an extent that they cannot be taken care of by their family members alone, both the elderly and

their carers should be provided with appropriate community support. When the health conditions of the elderly undergo further changes, making it impossible for them to be cared for by their family members at home, they should be provided with appropriate residential care services.

Continuum of care should be provided at the place the elderly have been living. At present, there are no established admission criteria of private residential care homes for the elderly, and the health conditions of their residents vary considerably. The private homes would provide different levels of care for their residents in the light of their health conditions, and adjust the fee levels according to the services required. Similarly, some self-financing homes fix their fees according to the level of care services provided to meet the individual health needs of the elderly. The provision of different levels of service for elderly people with varying health conditions by private and self-financing homes has, to a certain extent, put into practice the concept of continuum of care.

As regards subvented homes, since their admission criteria specify the health conditions of elderly people qualified for admission, it may be necessary for the elderly residents to be transferred to other types of care homes when their physical conditions deteriorate. In view of this, the Ad Hoc Committee recommends that the concept of continuum of care should also be implemented at subvented homes, and that the Government should formulate corresponding policies, taking into account the design, resource allocation and staffing arrangements of subvented homes.

(2) The Role of the Family

The Ad Hoc Committee reaffirms the role of the family in taking care of the elderly. Hong Kong is a Chinese society where the elderly usually live with their families. When their health conditions change, the majority of them will be looked after by their family members. This arrangement is in line with the wish of the elderly and the intention of their family members. It has all along been the Government's policy to encourage and assist families to take care of their older members.

However, since Hong Kong has undergone rapid economic and social changes over the past two or three decades, a generation gap has developed between the older and the younger generations. As the two generations

differ from each other in terms of background, education and values, it is difficult for them to communicate with each other. In view of this, the Government should promote communication between the two generations through various channels and means, such as schools, family education, civic education and the media, so as to encourage the younger generation to respect the elderly and to look after their older family members, and at the same time helping the older generation to understand the younger generation. In this way, the two generations will be given assistance and encouragement to get along harmoniously.

(3) Living Arrangements

The Ad Hoc Committee recommends that the Government should take various measures to encourage people to live with their elderly dependents so that elderly people can be cared for by their families. On public housing allocation policies, families living with their elderly members should enjoy priority in flat allocation and be given consideration for allocation of larger flats so that they can still take proper care of their elderly dependents in case the latter's health deteriorates, such as becoming wheelchair-bound. Indoor facilities should also be appropriately designed to include items such as handrails in bathrooms, anti-skid floor slabs, etc.

With regard to taxation, the Government should increase the allowance for taxpayers living with their elderly dependents with a view to encouraging people to live with the elderly.

For various reasons, some elderly people who are in good health may choose not to live with their children. The Government should respect their choice and provide adequate 1-person/2-person public housing flats for single elderly persons or elderly couples.

When their health degenerates with ageing, these elderly people may later have to reside with their children so that they can be taken care of. However, since both parties have lived apart for a long time, they may find it difficult to adapt to the situation of living under the same roof. Hence, the Government should consider providing adjacent or neighbouring public housing flats for such cases.

The Government may take appropriate measures to safeguard the interests of the elderly, such as stipulating that the applicants and tenants of the priority housing schemes must be elderly members of the families concerned. Follow-up actions should be taken to ensure the effectiveness of these measures.

The Ad Hoc Committee believes that an effective policy on elderly housing allocation will alleviate the pressure of the demand for residential institutions.

Besides, small flats suitable for the elderly are seldom available in the private property market. As such, the Government should formulate policies aimed at making private developers aware of the role that they can play in this respect, and encouraging them to rent out or sell flats with suitable facilities to the elderly. The facilities may include access for wheelchairs, handrails in bathrooms and anti-skid floor slabs.

(4) Support for the Family and Residential Care Services

As the self-care ability of the elderly living at home declines while their family members have to go out to work, provision of appropriate support services can relieve the pressure from caring for the elderly. Apart from the existing home help services, day care centres for the elderly, multi-service centres for the elderly and social centres for the elderly, the Government should strengthen and improve respite services for the elderly. Consideration should also be given to introducing professional outreaching services such as occupational therapy service.

Moreover, it is essential for carers, such as family members and neighbours, to understand the physical and psychological changes of elderly people and the ways to take care of them. Such knowledge is extremely important for carers, especially those caring for elderly people suffering from dementia, Parkinson's disease or stroke. Since the local community has limited knowledge of these diseases and the occurrence rates increase with the expansion of the elderly population, the Government should provide appropriate support, resources and training to help carers look after the elderly at home. According to the Government's current planning, there will only be two carers' support centres in Hong Kong, mainly providing counselling, lending of equipment and referral services. To carers who

have various personal needs (such as financial assistance, psychological counselling, occasional care service and formal nursing care training), the above services are far from adequate in terms of both quality and quantity. To enhance the support services, reference may be made to the measures being adopted in Australia, Japan and Europe, which include providing free training and financial assistance by the Government, or protecting carers' interests through legislative means.

Although the Government's policy on care for the elderly is to encourage and enable elderly people to age at home, residential services are still indispensable. In fact, it is difficult for elderly people with neither relatives nor self-care ability to live independently in the community. Those elderly people who are unable to take care of themselves cannot be properly cared for even if they live with their families. In view of this, the Government should continue to develop residential services to meet their needs.

(5) A Mixed Economy of Service Provision for the Elderly

The Ad Hoc Committee has examined the roles of different elderly service providers, including government organizations, subvented non-governmental organizations (NGOs), self-financing organizations¹ and private organizations, and noted that each mode of service provision has its advantages and disadvantages. For instance, the main job of government or subvented organizations is to provide quality basic services for people who cannot afford private services. However, these organizations may be less efficient in using their resources as they may be bound by their established systems and are less flexible in operation. On the other hand, while private organizations are more flexible in providing services in response to market demand, they are mainly concerned about making profits and may not take into consideration the overall interests of society. Therefore, the Ad Hoc Committee considers that all service providers should coordinate with and complement one another in providing welfare services for the elderly. Government and subvented organizations should first take care of needy

¹ "Self-financing organizations" are non-profit-making bodies operated by NGOs without government subvention. They can be broadly divided into two categories. The first category is charitable in nature and is mainly funded by the parent organizations and charitable donations. The second category operates on a user-pay basis, and is mainly funded by fees paid by the residents.

elderly people who lack the means, while self-financing and private organizations should provide services of better quality to give choice to those who can afford. It is on this basis that the Ad Hoc Committee puts forward the following specific policy programmes:

- (a) to ensure that the elderly are provided with appropriate services;
- (b) resources should be used on elderly people with genuine need, and the urgency of the need should be considered in the provision of services;
- (c) the needs of the elderly should be the main factor of consideration in the provision of services;
- (d) those who can afford should share some of the fees; and
- (e) an assessment mechanism should be established to ensure the quality of services provided by various organizations.

The Ad Hoc Committee reiterates that the Government should provide an environment conducive to healthy competition to tie in with the development of a mixed economy of service provision, so as to offer more choice to the elderly and to enhance service quality through introducing more competition in the market. While affirming the role played by private care homes in the provision of residential care services, the Ad Hoc Committee also appreciates the difficulties in operating such homes. The Ad Hoc Committee proposes that the Government should devise a policy for private residential care homes to provide basic conditions for them to operate in the market.

In the long run, when the mixed economy of service provision is fully developed, the Government may consider changing its role from direct provision to a purchaser of services by making direct payments to service providers for the delivery of services to the elderly. The Government still has to monitor the service quality to safeguard the interests of the elderly, but intervention in the mode of operation should be minimized.

(6) Human Resources and Training

Future policy on manpower training should cover the following main areas:

(a) In-service Training

There is a need for the staff of subvented or private care homes to receive in-service training to acquire the knowledge and technique needed in caring for and showing respect and compassion for the elderly.

(b) Continuous Training

With the advent of new medical and care knowledge and skills, even veteran staff of residential care homes have to update their knowledge through workshops, seminars or training courses organized from time to time.

(c) Mode of Training

The knowledge required by care workers serving the elderly in the hospitals and in residential care homes may be totally different. Besides, no support or supervision from senior health care officers is provided for staff of residential care homes. Therefore, consideration should be given to including field training in staff training programmes of residential care homes. The curricula and format of the training programmes should be designed according to the level of care required by the elderly.

(d) Training for Professional Staff

Existing training programmes for professional staff seldom touch on the special needs of the elderly. As the elderly will make up one-fifth of the future population, it is necessary to include courses related to elderly services (such as courses on building design, legal affairs, nutrition, prevention of diseases and medical expertise) in the professional training programmes so that the needs of the elderly can be catered for.

(e) Specialized Training

Serving doctors, nurses and social workers should be encouraged to pursue further studies in geriatrics. For example, scholarships could be offered for them to undertake further studies locally or overseas. If respect, care and compassion for the elderly are to become the moral

values and norms of our society, teacher training should first be provided to promote acceptance of such values by teachers, who will pass them onto the next generation.

Apart from the above, manpower training should also have long-term planning and give trainees the prospect of promotion in their existing grades.

CHAPTER 3

ASSESSMENT ON THE HOUSING DEMAND OF THE ELDERLY

Part of the duties of the Ad Hoc Committee is to make an assessment on the demand of the elderly for housing and residential care services and to recommend a long-term strategy. This chapter and the next chapter set out in detail the assessment on demand of the elderly for housing and residential care services.

Existing Accommodation of the Elderly

2. According to the report on the General Household Survey for the fourth quarter of 1997, there are totally 920 000 elderly persons (aged 60 or over) in Hong Kong. The types of housing in which they live are as follows:

public housing (by the Housing Authority and Housing Society)	:	416 400 persons
assisted ownership housing	:	92 500 persons
private and other housing (such as hospitals and residential care homes)	:	411 500 persons

Assessment on the Housing Demand

3. In May this year, the Housing Bureau made an assessment on the demand of the able-bodied elderly for 1-person and 2-person assisted rental housing. Elderly people assessed were those aged 60 or above, able-bodied, able to take care of themselves in daily life and only requiring normal housing, as against accommodation in residential care homes. Assisted rental housing refers to housing provided at subsidized rental level. Elderly people who could afford housing at market rents were excluded from the study. The demand for assisted ownership housing was also excluded from the assessment because of insufficient data available. The methodology and findings of the assessment are summarized below.

Demand for Assisted Rental Housing

4. The potential demand of the elderly for assisted rental housing mainly comprises new housing demand and generated housing demand :

- (1) New housing demand comes from existing households preferring to live as separate households. Besides, elderly people who are or will be living by themselves in inadequate accommodation due to low financial capability also have demand for assisted rental housing. Such new demand is reflected in the number of applications for rental housing provided by the

Housing Authority or Housing Society.

- (2) Elderly people affected by public housing redevelopment, clearance of Temporary Housing Areas, Cottage Areas or squatters, emergency events or compassionate cases are all in pressing need of rehousing. A large portion of this demand has already been taken into account in the public housing development programmes of the Housing Authority, and there should be adequate supply to meet this demand. Nonetheless, this demand is included because it still consumes resources for assisted rental housing.

5. The projection of new housing demand is based on the historical trends of the waiting lists of the Housing Authority and Housing Society in the past four years, and is adjusted by a rate of increase that is assumed to be similar to the growth of the elderly population. According to projection, the elderly population will increase from 931 800 to 1 126 300 over the next nine years (1998/99 - 2006/07). The number of applicants who will eventually be screened in as eligible for allocation of flats (i.e. effective demand) is assumed to be 60%.²

Supply of Assisted Rental Housing

6. The main source of supply of assisted rental housing is the Housing Authority's newly-built or vacant 1-person/2-person flats allocated to elderly persons, and the Housing Authority's Housing for Senior Citizen units. The Housing Society supplies a small number of newly-built 1-person/2-person flats and about 25 vacant flats each year arising from casual vacancy.

Projected Demand and Supply

7. Figures on projected demand and supply are tabled as follows:

Projected Demand and Supply

Household Year	(a) Yearly Demand	(b) Cumulative Demand (b) = (d)* + (a)	(c) Supply	(d) Cumulative Shortfall (d) = (b) - (c)
as at 31.3.97	8760	8760	--	8760
1997/98	8260	17020	10365	6655

² Effective demand for public housing is an estimate of the percentage of applicants eventually screened in as eligible for allocation of flats. It was originally estimated at about 54%. However, since most of the elderly people are eligible for allocation of flats, it is assumed that the effective demand of the elderly is greater.

1998/99	5850	12505	4755	7750
1999/00	8540	16290	5555	10735
2000/01	10830	21565	9685	11880
2001/02	6080	17960	10275	7685
2002/03	4150	11835	5025	6810
2003/04	6710	13520	4055	9465
2004/05	5590	15055	6345	8710
2005/06	4490	13200	5695	7505
2006/07	4470	11975	6805	5170
Total Demand	73730	Total Supply	68560	5170

(d)* refers to (d) in the preceding year.

8. The above projection is based on existing data and policies. Changes in policies and social circumstances may affect future demand. Some possible changes are:

- (1) the financial status of the elderly;
- (2) the relative attractiveness of assisted housing as compared with self-financed housing; and
- (3) the shift in the demand of elderly people from other modes of accommodation to assisted housing.

9. The progress of construction would also affect the supply of new flats. The supply of vacant flats could be reduced by policies, such as the policy on Tenants Purchase Scheme, that make public rental housing more attractive to existing tenants than before, while initiatives that assist existing tenants to move out, such as Home Purchase Loan Scheme, could increase the supply of vacant flats.

Future Direction

10. The Housing Bureau has submitted the assessment method and the results to the Ad Hoc Committee. To address the housing demand of elderly people, it has pledged to continue with its efforts in providing suitable and affordable accommodation with ancillary facilities which could cater for the needs of the elderly. Such arrangements are supported by the Ad Hoc Committee. The Housing Bureau will:

- (1) establish a system to review and adjust the demand situation accurately and regularly;
- (2) draw up and maintain a comprehensive flat supply programme to match the housing requirement of the elderly population;
- (3) continue with existing schemes to provide adequate supply of housing to meet the demand, and expand these schemes if possible. Increasing the production of 1-person and 2-person flats is one way. Encouraging families to live with their elderly members is another;
- (4) explore new means to produce suitable flats to meet any shortfall in supply;
- (5) include the additional demand for assisted housing by elderly residents of residential institutions, which arises from the revision of admission criteria of homes for the aged, in its assessment of the housing demand; and
- (6) pay attention to some of the non-quantitative needs of the elderly, such as:
 - (a) they do not want to move from their old neighbourhood, and have difficulties adapting to a new environment;
 - (b) they prefer self-contained flats; and
 - (c) they are conservative in their expenditure.

CHAPTER 4

ASSESSMENT ON THE DEMAND OF THE ELDERLY FOR RESIDENTIAL CARE SERVICES

Basic Policy

The HKSAR Government's policy on elderly services is to encourage the elderly to age at home. For those with self-care ability or family care but having moderate or low levels of physical or cognitive impairment, and for those suffering from chronic illnesses, suitable community support services are needed if they have to remain in the community. Residential care services, however, are intended mainly for elderly people without self-care ability due to health or other reasons, or those without relatives to take care of them. With the ageing of the local population, the demand of the elderly for residential care services is likely to increase. The Government will provide additional residential places to meet the demand. To ensure proper use of resources, the Ad Hoc Committee agrees that there is a need to review the admission criteria of residential institutions and to establish a Gate-keeping mechanism for better allocation of elderly services.

Categories of Existing Residential Care Services

2. The following main categories of residential care services are currently provided to meet the diverse needs of the elderly:

(1) Elderly Hostels

To provide communal living in an institutional setting for those elderly people capable of self-care but still in need of psychological support and guidance in their daily life. As at June 1998, there were 925 government and subvented hostel places.

(2) Homes for the Aged

To provide the elderly with residential care services including accommodation, meal, laundry, limited personal care and social activities. As at July 1998, there were 6 843 government and subvented home for the aged places.

(3) Care and Attention Homes

To provide accommodation for the ailing elderly or elderly people with impairment, giving them general personal care and limited nursing care. As at July 1998, there were 9 241 subvented places at care and attention homes (C & A home), including 1 200 places under the BPS.

(4) Nursing Homes

To provide medical care, rehabilitation and personal care services for elderly people who cannot be properly looked after in C & A homes due to health conditions but who do not need to receive intensive nursing care and rehabilitation services in infirmaries. The first nursing home in Hong Kong was set up in March 1998, providing 200 places. Five additional nursing homes offering a total of 1 200 places are expected to come into service by the end of 1998/99.

The Consultancy Study on the Assessment of Needs for Residential Care and Community Support Services

3. The Working Group on Care for the Elderly appointed in 1993 to review elderly services recommended, inter alia, “that a comprehensive study should be conducted to assess the needs of elderly people for residential care and community support services” so that future planning of elderly services could be made on the basis of needs.

4. In accordance with the Working Group’s recommendation, the consultant Deloitte and Touche was commissioned in May 1996 to conduct a study on the needs of the elderly for residential care and community support services. The objectives of the study are:

- (a) to assess the needs of the elderly people in Hong Kong for residential care and community support services;
- (b) to propose whether and how current services should be modified or replaced by new services to meet the needs of the elderly; and
- (c) to propose ways in which the services identified could be provided in a cost-effective manner by the Government, subvented and private sectors.

5. The Health and Welfare Bureau(HWB) submitted the findings and recommendations of the consultancy study to the Elderly Commission, the Social Welfare Advisory Committee and the Ad Hoc Committee. The Ad Hoc Committee discussed the study report at its sixth meeting and its views are summarized below:

- (a) the service provision matrix in the consultancy report provides excellent reference in defining the demand and types of services. However, concrete and comprehensive assessment criteria should be drawn up for implementation by professionals in the provision of specific services;

- (b) the Ad Hoc Committee agrees to the principle of charging fees but feels that the method of conducting means tests should be carefully considered, lest families might shirk the responsibility of looking after their elderly members. On the other hand, the Government could provide financial incentives, such as taxation concessions, in an attempt to encourage families to live with their elderly dependants;
- (c) the Government should step up effort to promote among the younger generation the concept of caring for their elderly family members. It should also render assistance to families in their care for the elderly through the provision of community facilities and services. As for whether legislation should be enacted to make it a requirement for people to look after their elderly parents, the issue should be considered in detail;
- (d) in order to attract elderly people to live in new towns, comprehensive community support services and facilities should be made available there as early as possible;
- (e) under the concept of “continuum of care”, residential institutions operated by NGOs have to take care of elderly people whose health conditions deteriorate gradually. The Government should provide subsidies according to the impairment levels of the elderly residents of these institutions. It should also discuss and agree with the Hospital Authority the role to be played by the latter under the “continuum of care” model;
- (f) subvented homes might consider the arrangement of requesting able-bodied elderly people to serve as volunteer workers so as to alleviate the pressure on their staff; and
- (g) although there is a high suicide rate among elderly people in Hong Kong, the report does not examine their psychological needs for residential care.

Assessment of the Elderly People’s Demand for Residential Care Services

6. Assessment of the elderly people’s demand for residential care services covers the services provided by nursing homes and C & A homes. Services of homes for the aged are excluded from the assessment because they have different target groups. On the other hand, as pointed out by the Ad Hoc Committee in discussing the subject, care for the elderly is a continuing process, and therefore consideration should also be given to the coordination

between the services of residential care homes and infirmaries, even though the latter is under the medical system. HWB shares the Ad Hoc Committee's view and intends to conduct a review in the coming year.

7. In the "Study on the Needs of Elderly People in Hong Kong for Residential Care and Community Support Services", the consultant points out that demand for services does not necessarily represent the actual need for services. Generally speaking, need is defined by objective criteria, whereas demand reflects the individual's wishes. The two may not be identical and in fact are mostly different. Conceptually, the relationship between "need" and "demand" can be represented as follows:



Need vs Demand

8. Need and demand are shown above as two overlapping circles. Area (B) represents the demand which is based on actual need, i.e. genuine demand. Area (A) represents the demand which, according to objective criteria, is not based on actual need. Area (C) represents the need which is not expressed in demand for formal services as the individual may have other means to meet the need.

Demand of the Elderly for Residential Care Services

9. Applying the above concepts to residential care services, demand of the elderly for such services may be divided into two categories. There are some elderly people who may not have genuine immediate need for residential care (represented by Area A in the diagram). For various reasons (e.g. to prepare for a rainy day), they will register on the waiting list for residential care places, though they do not meet the admission criteria at the time of registration. In contrast, some elderly people who have actual need for residential care do not apply for residential care services because perhaps they are taken care of by their families or maids or they do not know about the services (represented by Area C in the diagram). The demand of these elderly people are unexpressed demand. As for Area B in the diagram, it represents those elderly people with genuine demand for residential care who have expressed their demand through applications for residential care services.

Genuine Demand of the Elderly for Residential Services

10. To identify the extent of genuine demand, we have conducted a sample survey of the elderly people on the waiting lists of C&A homes and homes for the aged. The findings show that as at the beginning of April this year, there were about 19 300 elderly people on the C&A waiting list and among them, about 55% (10 600 persons) met the C&A admission criteria. There were 7 100 elderly people on the home for the aged waiting list and among them, around 21% (1 500 persons) met the C&A admission criteria. Besides, there were 600 elderly persons on the nursing home waiting list who had genuine need for residential care. In other words, a total of about 13 000 elderly persons on the three waiting lists had genuine need for admission to C&A homes or nursing homes.

11. Based on the above analysis and taking into account the future growth in the elderly population, we estimate that in the next few years, the number of elderly people with genuine need for admission to C&A homes will increase yearly, rising from 3 600 in 1998/99 to 4 500 in 2001/02. The figures are shown in Table 1.

12. According to past experience, there will be natural wastage of those on the waiting lists caused by voluntary withdrawal of applications, availability of alternative arrangements, death due to illnesses, etc. After deducting such cases, the estimated annual increases in the number of elderly people with genuine need for residential care services from 1998/99 to 2001/02 are shown in Table 1 below. With the introduction of the Gate-keeping initiative, we can have a more accurate assessment of the genuine demand of the elderly for residential services.

(Table 1) Genuine Demand for C & A Homes

	1998/99	1999/00	2000/01	2001/02	Total
(a) Newly-Generated Genuine Demand Each Year ³	3 600	3 800	4 200	4 500	16 100
(b) Natural Wastage of Applicants on Waiting List ⁴	1 900	1 600	1 400	1 200	6 100
(c) Net Increase (c) = (a) - (b)	1 700	2 200	2 800	3 300	10 000

³ Projections are made by multiplying the growth in the elderly population in the following year by the percentage of genuine need for C&A services.

⁴ Projections are based on natural wastage of the elderly on the waiting lists in the past.

Supply of C & A Places

13. There are three sources of supply of subvented places: (1) newly established subvented homes; (2) additional bought place scheme (BPS) places at private homes; (3) vacancies arising from the turnover of existing subvented places.

14. To cope with the increasing demand, we plan to provide about 7 100 new subvented places from 1998 to 2002, of which 2 400 will be BPS places purchased from private homes between 1998/99 and 2000/01. Regarding the BPS places required in 2001/02, we will draw up a plan after observing the market response. Besides, the annual turnover rate of existing places will go up with the overall increase in supply, increasing from 1 500 places in 1998/99 to 2 300 places in 2001/02. In other words, during the next four years, there will be an annual supply of over 3 000 to over 4 000 places as detailed in Table 2 below :

(Table 2) Supply of C& A Places

	1998/99	1999/00	2000/01	2001/02	Total
1. New Subvented Places	1 700	500	1 000	1 000	4 200
2. New BPS Places	600	800	1 000	*	2 400
3. Turnover of Existing Places	1 500	2 100	2 100	2 300	8 000
Total	3 800	3 400	4 100	3 300	14 600

Note * We will make plans for the BPS places in 2001/02 after observing the market response.

Supply vs Demand

15. The number of places available for allocation in each of the following four years, except 2001/02, will exceed the net increase in genuine demand in the same year. This will shorten the C & A waiting list and the waiting time (see Table 3).

(Table 3) Supply vs Demand

	1998/99	1999/00	2000/01	2001/02	Total
Genuine Demand on the Waiting List at the Beginning of 1998/99	13 000				
(a) Supply of Places for Allocation	3 800	3 400	4 100	3 300	14 600
(b) Net Increase in Genuine Demand	1 700	2 200	2 800	3 300	10 000
Supply vs Demand (a) - (b)	2 100	1 200	1 300	0	4 600
Genuine Demand on the Waiting List as at the End of 2001/02					8 400

Considering that the establishment of a Gate-keeping mechanism may affect the extent of demand, the supply of places in 2001/02 is to be reviewed after we have a clearer understanding of the market situation. We will then endeavour to secure resources to increase the supply of places and to further shorten the waiting list and the waiting time.

CHAPTER 5

PUBLIC HOUSING ALLOCATION FOR THE ELDERLY

Preferential Public Housing Schemes for the Elderly

The Ad Hoc Committee recognizes the need for the provision of flats with suitable facilities and services for the elderly. The priority public housing allocation schemes launched by the Housing Authority and Housing Department not only help to meet the housing needs of the elderly people, but also benefit those families who are willing to live with and take care of their elderly members. The priority schemes are as follows:

(1) Single Elderly Persons Priority Scheme

Through this avenue, elderly singletons can be rehoused in self-contained flats within four years of registration. If they are willing to accept Housing for Senior Citizen units, they can normally be rehoused within two years from registration. A total of 10 530 elderly singletons have been rehoused under this scheme since January 1985.

(2) Elderly Persons Priority Scheme

Two or more related or unrelated elderly persons who agree to live together may apply under this scheme. Allocation of public housing can normally be made within two years after registration. Public housing has been allocated for 14 340 applications since 1979.

(3) Families with Elderly Persons Priority Scheme

The scheme was introduced in 1982. Under this scheme, families awaiting public housing together with their elderly parents or dependent relatives aged 60 or above will have their housing allocation advanced by three years. The scheme is designed to encourage families to live with their elderly members and take care of them. A total of 12 600 families have benefited from the scheme since its implementation. (For the revised arrangements, please refer to paragraph 7(1) below.)

(4) Special Scheme for Families with Elderly Persons

Introduced in 1990, the scheme allows young families with elderly parents or dependent relatives to apply for two separate flats in the same block in the new towns and have their waiting time reduced by one year. Up to now, 12 applicants have been allocated public housing under this scheme. (For the revised arrangements, please refer to paragraph 7(2) below.)

Estate Social Services for the Elderly Scheme

2. The Housing Authority has implemented the Estate Social Service for the Elderly Scheme (commonly known as Estate Liaison Officer Scheme) since 1990 with a view to establishing contact with elderly people living alone in public housing estates, identifying their personal needs and resources required to meet their needs, encouraging their participation in social activities and volunteer work, and setting up networks for them. This scheme is currently implemented at the following 26 public housing estates.

Choi Hung	Sha Kok	Upper Ngau Tau Kok	Sau Mau Ping (II)
So Uk	Kwong Yuen	Hing Wah (II)	Tsui Ping (North)
Tung Tau (I)	Kwai Chung	Shek Lei (I)	Tsui Ping (South)
Tung Tau (II)	Tai Wo Hau	Shek Lei (II)	Tak Tin
Pak Tin	Lam Tin (I)	Chai Wan	Kai Yip
Shek Kip Mei	Ngau Tau Kok (I)	Shek Pai Wan	
Cheung Sha Wan	Ngau Tau Kok (II)	Wong Chuk Hang	

Design of Public Housing Flats for the Elderly

3. (1) Housing Categories

Broadly speaking, housing provided for the elderly in public rental estates can be divided into two categories, i.e. Housing for Senior Citizens and small self-contained flats.

(a) Housing for Senior Citizens

Housing for Senior Citizens is provided with warden services to organize recreational activities for the elderly occupants and to attend to emergency situations. There are three types of Housing for Senior Citizens, each having different designs and all equipped with communal facilities. Some of them are converted from standard public housing flats, some are built on the podium level of shopping centres or on top of car parks, and some are located at lower levels of small flat buildings.

(b) Small Self-Contained Flats

Small self-contained flats are equipped with a kitchen and a bathroom. They are provided through new construction or by refurbishment of vacated flats in old estates.

(2) Facilities and Services

In the majority of public housing estates, facilities and services are provided specifically for elderly people. The Housing Authority allocates spaces for voluntary agencies to provide community support services for the elderly such as social centres, day care centres, health centres and C & A homes.

Senior Citizen Residence Scheme

4. The Senior Citizen Residence Scheme is a new housing initiative which aims to integrate domestic and supportive components to enable the elderly to “age in place” and enjoy healthy living. Flats will be constructed by the Housing Society to lease for life to eligible elderly persons. The scheme will be implemented on a pilot basis at two sites in Tseung Kwan O and Ngau Tau Kok. It is expected that building works will commence in mid-1999 for completion by the end of 2001/02.

5. To complement the housing initiative, the Housing Society will invite appropriate organizations to operate care and support services for the elderly. These services will be provided on a fee-charging and self-financing basis.

6. Applicants must be 60 years old or above, capable of living independently, with income and assets not exceeding the prescribed limits.

Improvement of the Preferential Public Housing Schemes for the Elderly

7. To encourage families to take care of their elderly members, the Housing Authority has recently improved the preferential housing schemes for the elderly. Details are as follows:

(1) Families with Elderly Persons Priority Scheme

(a) To extend the scheme to non-nuclear families with elderly members to enable the singleton daughters/sons or even relatives to assume the responsibility and take up the role as the primary carers of the elderly members.

(b) To prevent abuse of the scheme, an applicant under this scheme must be the elderly member of a family. The elderly applicant may nominate an adult family member as the tenant. In this case, the elderly person and the potential tenant have to sign an undertaking to the effect that the potential tenant will take care of the elderly person and live with him in the same flat, or the tenancy will be terminated.

(2) Special Scheme for Families with Elderly Persons

Further improvement is made in waiting time, reducing it by two years instead of one year.

8. In addition, under the Housing Authority's Home Ownership Scheme and Private Sector Participation Scheme, families with elderly members are given concessions in terms of success rate and flat selection. Such concessions include upgrading ordinary green form status to third priority green form status, and upgrading ordinary white form status to ordinary green form status. However, in view of the large number of white form applications, the concession extended to white form applicants is restricted to nuclear families. As regards the Home Purchase Loan Scheme, families with elderly members are also given priority over other applicants in the same phase.

Care for Families in Need

9. Under the existing compassionate rehousing scheme, the Social Welfare Department (SWD) can also make arrangements for families facing difficulties to be given priority access to public housing.

10. The Ad Hoc Committee strongly supports the housing arrangements for elderly people made by the Housing Authority, Housing Society and Housing Department. The Ad Hoc Committee appreciates that resources for public housing are limited, so the supply and demand situation has to be taken into account when considering priorities. However, in order to better reflect the needs of elderly people of different age groups and different health conditions, the Ad Hoc Committee recommends that the Administration should consider:

- (1) giving more concessions in waiting time and flat allocation to families who take care of elderly people with impairment;
- (2) offering more concessions to the "older" old, say those aged 75 or above, as is the case in overseas countries; and
- (3) conducting a review of the Estate Liaison Officer Scheme.

CHAPTER 6

RESIDENTIAL CARE SERVICES

To achieve the strategic policy objective of “caring for the elderly” set out in 1997, the Government will increase the number of subvented care places by 7 100 during the period between 1998 and 2002 (please refer to paragraph 14 of Chapter 4). Given the substantial demand for residential care places and a rapidly ageing population, we need to formulate a set of strategies to meet the elderly people’s long-term demand for residential care.

Shortfall in Residential Care Services

2. The problem of shortfall in residential care services in Hong Kong is in fact quite complex. It can be generally accounted for as follows:

- (1) insufficient subvented care places, leading to a relatively long waiting time. At present, the total number of government subvented C&A places (including those purchased from private care homes) is less than 10 000. There is still some way to go to address the demand of those who need this service;
- (2) most of the applicants for subvented care places are in fact currently residing in private care homes. However, the service quality of private homes differ quite substantially and cannot meet the needs of the elderly, and therefore a number of private home residents would still wish to move to subvented homes; and
- (3) according to the findings of the consultancy study, some residents of subvented C&A homes are in relatively good health and do not necessarily require C&A service. This represents a mismatch from the resource allocation point of view.

Overall Strategy

3. There are basically two ways to address the issue of shortfall in residential care services. Firstly, we have to identify the genuine demand to ensure that services will only be offered to those elderly people with genuine need. On top of this, we have to increase the supply of residential places. We will pursue this option through a mixed economy of service provision.

(I) Defining Genuine Demand

A. Review of Admission Criteria for Residential Care Services

4. The existing admission criteria of homes for the aged specify that admission would be accorded to those experiencing a housing need and are capable of basic personal care. In early days, priority was given to families in the allocation of public housing flats. Homes for the aged therefore helped to address the housing needs of single elderly persons. According to the findings of a survey, over 80% of the residents of homes for the aged are capable of a high level of self-care and are impairment free.

5. For C&A homes, the current admission criteria provide for elderly people who are in poor health or suffering from functional disabilities to the extent that assistance is needed with daily living activities.

6. The Deloitte Consultancy Study on Needs of the Elderly for Community Support and Residential Care Services points out that given the “ageing in place” policy, elderly people should be cared for in the community as far as possible, and resources should be better utilized to target residential care services at elderly people with greater care needs. The consultant recommends a review of the existing admission criteria for residential care services for the elderly, so as to provide these services for elderly people with moderate or high levels of impairment, whether physical or cognitive, who cannot be properly cared for by carers living with them. For elderly people without any impairment or with only mild impairment, the consultant suggests that they could be taken care of in the community with adequate community support services. The consultant also recommends that support should be provided to carers of the elderly in the community. To tie in with the proposed admission criteria, the consultant points out that the Government should conduct stringent assessment to ensure that elderly people do not receive more services than they need, and that the Government should, to the extent possible, take into account their preferences in the allocation of services.

7. The Ad Hoc Committee agrees that residential care services should be focused at the elderly with genuine need. In the long run, the current C&A admission criteria should be applied to both homes for the aged and C &A homes, whereas the able-bodied elderly capable of self-care should continue to be cared for in the community. Nevertheless, implementation of this recommendation will necessitate upgrading of physical facilities and staffing support of homes for the aged, as well as provision of community support services for the elderly. The Ad Hoc Committee emphasizes that the revised admission criteria of homes for the aged should only apply to the elderly on the waiting list and should not affect the

existing residents of homes for the aged. The Ad Hoc Committee notes that government departments concerned will follow up on the arrangements needed for those on the waiting list of homes for the aged.

8. According to the estimate of the Government, additional recurrent expenditure of about \$50,000 each year is required to convert a home for the aged place to a C&A place. Since additional resources are needed and inconvenience caused by the conversion works to elderly residents of homes for the aged is to be kept to the minimum, it is envisaged that it may take some time for all the existing 6 843 places in homes for the aged to be able to cater for elderly people of higher frailty. To obviate the need for elderly people in homes for the aged to be transferred to C&A homes due to deteriorating health, residents of homes for the aged who are waiting for transfer to C&A homes will have the priority to be admitted to C&A places newly converted from home for the aged places. SWD has undertaken to follow up with the welfare sector on the relevant issues.

B. Coordination with Public Housing

9. In line with the above recommendation, the Ad Hoc Committee also recommends that for those elderly people who have a need for housing but who do not meet the revised C&A admission criteria, the Housing Authority should address their housing needs through the provision of elderly housing and 1-person and 2-person units, subject to their satisfying the waiting list income limits for public housing.

10. The Housing Bureau has pointed out that as these elderly people are capable of self-care, there should not be any immediate pressure on the Housing Authority to upgrade the existing facilities. Nevertheless, priority in public housing allocation cannot be given to them because this will affect the Waiting List applicants. While recognizing the standpoint of the Housing Bureau, the Ad Hoc Committee hopes that the Administration will follow up on this issue and come up with effective solutions to cater for the needs of those elderly people affected by the revision of C & A admission criteria.

C. Gate-Keeping Mechanism for Elderly Services

11. Under the existing mechanism, a caseworker will assess the need of an elderly person for community or residential service, and will then refer the application to the most appropriate service organization. To decide whether to accept the application or not, the organization will conduct its own assessment. If the application is referred to a subvented residential care home, the elderly person will be subject to medical assessment by a general practitioner or a community geriatric assessment team of the Hospital Authority to make sure that his health conditions meet the admission criteria of the subvented home. Upon confirmation, the elderly person will be invited for an interview. The different referral and

assessment mechanisms and criteria adopted by different organizations and services have led to duplication in assessment work. As the assessment procedures only focus on the individual needs of the elderly rather than their overall demand for services and the urgency of their needs, there is no systematic approach in service provision.

12. In order to ensure effective utilization and proper allocation of resources for various elderly services, HWB commissioned a consultancy study on Gate-keeping initiative in elderly services. The study covered residential, community and domiciliary services for the elderly. During the study, the existing referral, assessment and placement arrangements for elderly services were reviewed, and comments from relevant organizations and departments were sought so that a more comprehensive Gate-keeping initiative could be formulated. The welfare sector, Hospital Authority and relevant departments have been consulted on the recommendations for the Gate-keeping mechanism. The recommendations are generally supported by the relevant organizations and departments.

13. The consultancy study recommends that a Gate-keeping mechanism for elderly services should be introduced. Under the proposed mechanism, assessments will mainly be conducted by the Gate-keepers, comprising community nurses, social workers, and medical social workers. When making applications for residential or community services on behalf of the elderly, caseworkers have to refer the elderly to the Gate-keepers, who will then assess their service needs and decide the services to be allocated. In the course of assessment, the elderly people's health conditions and needs for nursing care will be considered. Taking into account the service resources and urgency of their need for services, the Gate-keepers will submit applications to the providers to arrange appropriate services for the elderly. If assessments by medical specialists are required, the community geriatric assessment teams and psychogeriatric teams of the Hospital Authority will render assistance. Based on the assessment results, service providers will draw up detailed care plans for the elderly. They will review the care packages at regular intervals set by the Gate-keepers to decide if changes in service arrangements are necessary due to the change in health conditions of the elderly.

14. SWD's regional offices will coordinate the work of the Gate-keepers in their own regions. If service providers and Gate-keepers cannot reach a consensus on the elderly services to be provided, the cases will be referred to the regional offices for arbitration and final judgment.

15. To achieve consistency in the assessment standards to be used by Gate-keepers, the consultant proposes that a standardized assessment tool should be adopted. Training will be provided for Gate-keepers to ensure that they can master the procedures concerned.

As the assessment work will involve different professionals and organizations, and in order to enhance the efficiency of assessment, the consultant proposes that the assessment procedures should be computerized and linked up with SWD's client information system.

16. The mechanism recommended by the consultant has the following advantages in comparison with the existing mechanism. Resources will be allocated to the elderly in accordance with the urgency of their need for services, thus improving the cost-effectiveness of resource utilization. The adoption of a standardized assessment tool will result in more objective and efficient assessments. Moreover, the elderly people will no longer be subject to repeated assessments by different service providers. Assessments will mainly be done by Gate-keepers, while organizations making referrals and providers of services will plan and deliver services according to the assessment results. This will avoid any confusion in the role played by respective organizations. Since all applications for community or residential services by the elderly must go through the Gate-keeping mechanism, we can have a clearer understanding of their needs and take them into account in service planning. As the medical outreaching teams of the Hospital Authority will only make professional assessments when necessary, the overall operating costs of the proposed mechanism will be lower, and the outreach teams may focus their resources on the provision of outreaching medical services.

17. The Ad Hoc Committee supports the direction of the Gate-keeping initiative in elderly services. It agrees that this new mechanism will promote effective utilization of the resources for elderly services and enhance the objectivity and efficiency of the assessment. The Ad Hoc Committee also puts forward the following recommendations:

- (1) the adoption of a standardized assessment tool will have a great impact on service allocation. As NGOs are well experienced in providing services, it is essential to invite their participation in drawing up the assessment standards. Besides, participation of other parties as well as the elderly should also be considered;
- (2) the personal preferences of the elderly should be taken into account as far as possible in service allocation. Proper channels should be set up for them to lodge appeals; and
- (3) when examining the assessment mechanism in detail, consideration should be given to the fact that the health conditions of the elderly may change while they are waiting for the services. If this mechanism works well, it

can help differentiate the elderly people's demand for residential, domiciliary or other community services and allow those who are in urgent need of residential care to have priority access to residential care homes.

18. The Ad Hoc Committee emphasizes that the revised admission criteria of homes for the aged will only apply to elderly people on the waiting list. Existing residents who do not meet the revised admission criteria will not be forced to move out due to the change in admission criteria and the conversion of home for the aged places to C&A places.

(II) Increasing the Supply of Residential Places

A. Improving the Utilization Rate of Existing Homes

19. To increase the supply of care places within a short time, the Ad Hoc Committee agrees that the utilization rate of existing homes should be further improved.

20. There is a general vacancy rate of about 5% of residential places. The reason for the time lag may be due to the fact that most care residential homes only start processing the application of an elderly when a care place is vacated. To improve the utilization rate, SWD has suggested that subvented care homes should start processing the applications before the vacancies arise. Comments from the relevant service sector on the suggested initiative has been sought, and over 90% of the homes have indicated support for this proposal. A few subvented homes have even agreed to test out this initiative shortly.

B. Increasing Places under the Bought Place Scheme

21. The Ad Hoc Committee agrees that the Government should continue to increase the number of places to be purchased from private homes as this will increase the supply of care places in a relatively short period. The Government has pledged to purchase 2 400 places under the Enhanced Bought Place Scheme (enhanced BPS) from 1998 to 2001, among which 600 is to be bought this year. The quickest way to increase the provision of subsidised care places within a short time is to increase the number of places purchased from private care homes. The Government will monitor the response of the market and the elderly towards the enhanced BPS. If the response is favourable, the Government will consider buying additional places after completing the purchase of 2 400 places, the exact number to be dependent upon market conditions, the acceptance of the elderly towards the enhanced BPS, and the amount of resources available. The Ad Hoc Committee also notes that a new monitoring mechanism will be introduced to ensure that the service quality of the care places purchased from private homes is up to the required standard.

C. Constructing New Subvented or Self-Financing Homes

22. In last year's Policy Address, the Government pledged to provide 7 100 subvented places from 1998 to 2002. On top of that, the Government would provide assistance to self-financing homes, with the aim that over the next four years, there would be an additional supply of 1 500 places in such homes. The Ad Hoc Committee hopes that by increasing the supply of places through a mixed economy of service provision, which comprises subvented, private and self-financing operators, there will be more competition in the market, thus encouraging improvement in service standards and providing more choice to the users. Nevertheless, the Ad Hoc Committee is of the opinion that the Government should continue to secure resources for the development of more subvented or self-financing homes.

D. Providing Purpose-built Premises

23. In view of the substantial demand for residential care service and the limited supply of land resources in Hong Kong, it would take quite a long time to increase the supply through the conventional way of constructing purpose-built premises, which is considered to be under-utilizing land resources and is unable to catch up with the increase in demand. In this regard, the Ad Hoc Committee agrees that a change in approach is necessary.

24. On the other hand, it is Government's policy to provide purpose-built premises for subvented homes only, while private homes would have to identify premises themselves. At present, most of the private homes are located in non-purpose-built premises converted from domestic flats or commercial units. These premises are not conducive to the development of quality service. More than 85% of private homes have not yet been licensed, many due to in-situ problems in their premises. The Ad Hoc Committee therefore recommends that the policy of providing purpose-built premises should be extended to private care homes under the BPS and self-financing homes.

25. Departments concerned are now discussing the possibility of including appropriate residential care facilities in future public housing programmes. They are also considering the development of sites reserved for community centres into joint-user buildings. The lower floors of these buildings will be reserved as residential care homes. Up to now, SWD has earmarked 45 200m² for residential homes in a number of community centre sites in public housing estates, among which 25 200m² will be completed by 2001/02. At the same time, SWD is identifying more existing premises suitable for care home purposes, such as vacant commercial premises or ex-government staff quarters. These premises will be provided for subvented, self-financing or private care homes. This measure will increase the supply of residential care places and gradually phase out care homes located in substandard premises. The Director of Social Welfare will head an inter-departmental working group to follow up the plan.

E. Encouraging the Private Sector to Provide Accommodation for Residential Care Homes

26. The Ad Hoc Committee appreciates the important role the private sector plays in the supply of accommodation for residential care homes. The Ad Hoc Committee has had detailed discussions with departments concerned in this regard.

Proposals of the Ad Hoc Committee

27. A member of the Ad Hoc Committee raised a number of proposals. One of the proposals was for the Government to include suitable conditions, or to grant building concessions (such as bonus plot ratio), in land sale programmes and modification of lease conditions to require developers to provide accommodation for care homes. If a developer voluntarily included care home premises in his development plan, the Government should exercise discretion to give special consideration to his application. Besides, the member suggested that the Building Authority should consider relaxing relevant clauses in the Buildings Ordinance and Building Regulations when examining applications to convert shopping arcades into care homes. In modifying lease conditions, the Government could consider a fixed premium. The member also suggested that the Government should consider imposing clauses, through legislative means, in Deeds of Mutual Covenant (DMCs) of composite buildings to replace existing clauses prohibiting the operation of residential care homes.

28. During discussion, the Ad Hoc Committee suggested that the Government could consider the option of introducing legislation or administrative measures to waive the user restrictions in the Conditions of Grant in respect of all residential care homes for the elderly operating with a licence issued by SWD. This option might also help resolve the problems caused by DMCs, which generally contain a clause prohibiting any contravention of the land user specified in the Conditions of Grant or the occupation certificate. If user restrictions could be removed, then other restrictions imposed by DMC, such as those prohibiting the operation of guest houses or boarding houses, could be dealt with more easily. The Ad Hoc Committee noted that there were several cases in which residential care homes were sued by Owners' Corporations for violating the DMCs concerned. To avoid interference with judicial decisions, this problem should be dealt with after those court cases had concluded. In the event that the problem had to be resolved through legislative means to amend existing DMCs, one precedent could be the action taken by the Government under the Building Management Ordinance to remove the developer's right to manage the property sine die as conferred by the DMC.

29. Development projects of the sites possessed by property developers might be

revised in response to the existing market situation. The Government could make use of this opportunity and offer incentives in the form of bonus plot ratio to encourage developers to include residential care home premises in their revised development projects in accordance with the community support packages. The premises thus provided could be allocated by the Government to NGOs or private care homes. In so doing, the Government could require private homes to offer services of a higher quality by enhancing the nursing support etc. The operation of residential care homes would not exert pressure on the infrastructure and therefore it was possible to increase the plot ratio. Nevertheless, the Ad Hoc Committee appreciated that such proposal might induce other organizations to make similar requests for other community facilities, thus affecting the objective and effectiveness of the entire town planning system. In the meantime, other means, such as land sale, development of reserved land in the town centre, and development of public housing estates should first be used to increase the provision of premises for residential care homes.

30. The Ad Hoc Committee's proposals have been examined by the Administration, whose preliminary view is that it is possible to consider including suitable conditions on the provision of accommodation for care homes in individual land sale documents, whereas the relevant mechanism would be dependent on the actual situation. As for developers who voluntarily include care homes in their development plans, the Government has indicated that their applications should be subject to the decision of the Town Planning Board, who will examine whether the proposed usage is in line with the specified land use of the districts concerned. Granting building concessions in the form of bonus plot ratio may have the risk of overloading the infrastructure, affecting the space occupied by the building, as well as giving rise to inappropriate floor area utilization. In addition, if such building concessions are granted, other organizations may follow suit and make similar proposals to the Government in respect of other community facilities. The overall effects of these proposals may affect the objective and effectiveness of the entire town planning system. The Administration therefore has reservations about the proposal of granting building concessions. Policy bureaux and departments concerned will further study and follow up the proposals of the Ad Hoc Committee.

31. As regards the proposal for the Government to set a fixed premium in modification of lease conditions to allow conversion of shopping arcades into care homes, the lands authorities are inclined to the view that such cases should be handled in accordance with the general principles used in land premium assessment.

Outreaching Health and Medical Services

32. Under the current system, subvented C & A homes are granted funds for hiring

doctors to provide general outreaching medical services for their residents. While recognizing the need to provide medical support for elderly residents of care homes, the Ad Hoc Committee considers it necessary to further study the interface between residential care services and medical services.

33. At present, both the Hospital Authority and Department of Health operate outreaching services for elderly people living in the community and residential care homes. The Visiting Health Teams of the Department of Health provides preventive and promotive services to the residents of private and subvented care homes as well as the elderly in the community. These teams also give the carers support and proper information on care for the elderly. The Hospital Authority, on the other hand, provides specialist outreaching services. The Ad Hoc Committee proposes that these outreaching services should be extended to self-financing homes and private homes under the BPS.

Ageing in Place

34. We will continue to encourage and enable the elderly to age at home. We will also focus on providing residential care services for the frail elderly who cannot receive adequate care in the community. The Consultancy Study findings show that a majority of the elderly (76%) in the community prefer to live at home even if impairment increases, and a majority of their carers (66%) also support their views. This is in line with the Government's "ageing in place" policy which encourages the able-bodied elderly to remain in the community. However, if this policy is to succeed, appropriate domiciliary services should be provided to support elderly people in the community. To examine in depth the policy on community support services, the Elderly Commission is setting up an "Ad Hoc Committee on Home Care" to carry out studies on the topic.

CHAPTER 7

SELF-FINANCING RESIDENTIAL CARE HOMES

The Government has all along encouraged a mixed economy of service provision to give the elderly more choice in residential care services. One of the modes of operation being promoted by the Government is self-financing residential care homes. However, there is room to enhance the development of self-financing homes in Hong Kong. The Ad Hoc Committee has reviewed the operation of self-financing homes and made recommendations on the development strategy.

Background

2. “Self-financing homes” are non-profit-making elderly homes operated by NGOs without government recurrent subvention. They can be broadly divided into two categories. The first category is charitable in nature and is mainly funded by the parent organizations and charitable donations. The second category operates on a user-pay basis, and is mainly funded by fees paid by the residents. Since self-financing homes are not bound by regulations imposed on subvented homes, they have considerable flexibility in deploying resources and fixing fee levels. For example, when determining the level of fees to be charged, some of the homes will take into account various other factors, such as whether the residents are recipients of Comprehensive Social Security Assistance (CSSA)/Disability Allowance, the type of rooms and the levels of care required.

Government Policies and Assistance for Self-Financing Homes

3. Some self-financing homes started their services before Government subvented homes came into existence. The “Report of the Working Group on Care for the Elderly” published in 1994 recommended that NGOs should be encouraged to provide self-financing elderly services, targeted at the middle-income families. Following the recommendation of the report, the Government earmarked in September 1995 a sum of \$200 million in the Lotteries Fund as the “Elderly Services Development Fund”. NGOs can apply for grants from the Fund to cover part of the capital costs of establishing self-financing homes and part of the operating costs of the first three years. In addition, land grant at nominal rate is also provided to NGOs for the development of self-financing homes. Through various channels, SWD also encourages and renders appropriate assistance to NGOs to set up such homes.

4. There are currently 35 self-financing homes in Hong Kong, providing a total of about 2 200 places, of which nearly 40% (about 900 places) are C&A places, while the rest are mainly home for the aged places. Self-financing homes with a longer history are mainly

charitable in nature, charging lower fees ranging from several hundred to several thousand dollars per month. Most self-financing homes which came into service in recent years operate on a user-pay basis, with some of them providing services up to the standard of subvented homes. They charge fees of several thousand dollars to over \$20,000 per month, offering wider choice to elderly people with higher affordability. The number of places provided by charitable homes and user-pay homes is more or less the same.

Advantages of Developing Self-Financing Homes

5. Development of self-financing homes has the following advantages:
 - (1) offering a wide variety of choice : self-financing homes have flexibility in determining the target groups, nature of their services, and the level of fees. Developing self-financing services will make available a wide variety of choice in the market;
 - (2) promoting efficiency : self-financing homes have to bear the financial risks and face market competition. Under such circumstances, they will endeavour to use and deploy resources more effectively and flexibly;
 - (3) acting in public interests : self-financing homes are not profit seeking. Their policies on the provision of services are formulated in accordance with the social objectives and mission of the NGOs concerned; and
 - (4) embodying the principle of “those who can afford should pay” : self-financing homes can provide better services for middle-income families. This will enable the Government to allocate resources more effectively to those elderly people who are most in need of service but who have financial difficulties.

Demand for Self-Financing Homes

6. According to the findings of a survey conducted by SWD in May this year, the 22 self-financing homes (providing approximately 1 400 places) with waiting lists have a total of about 1 100 elderly persons queuing for services. Around 30% of the elderly persons are waiting for places in self-financing homes operating on a user-pay basis. The findings also reveal that the waiting time for a place in a self-financing home in general ranges from 6 months to 18 months. The above findings show that there is considerable demand in the community for self-financing homes. Since the Government is promoting the principle of

“those who can afford should pay”, and in view of the increasing demand for quality services, it is estimated that demand for this type of homes will be on the increase.

Problems Faced by Self-Financing Homes

7. At present, places provided by self-financing homes only account for about 5% of the total supply of residential care places for the elderly. Besides, although 14 self-financing homes, providing more than 1 500 places, are expected to be completed by 2001/02, the proportion of self-financing places in the overall supply of residential care places is small. NGOs’ response to the “Elderly Services Development Fund” is still unsatisfactory, and so far one application has been granted subsidy. Over nine NGOs have expressed interest in submitting applications, which will involve 11 service programmes or projects.

8. Although the “Elderly Services Development Fund” provides financial assistance in the establishment and the initial stage of operation of self-financing homes, NGOs are concerned about the financial risks involved and the affordability of the market in paying the fees. Besides, complicated land grant procedures render establishment of homes a time-consuming process, and the shortage of nursing staff also pose difficulties to the setting up of self-financing homes. At present, the provident fund balance of staff of self-financing homes is not recognized when they transfer to subvented care homes. This affects the development of self-financing homes to a certain extent.

Future Development

9. In view of the above, the Ad Hoc Committee recommends that a suitable operating environment should be created to further encourage the setting up of more self-financing homes by NGOs. The recommendations include:

- (1) providing suitable premises for self-financing homes : to cope with the problem in securing premises to establish self-financing homes, the Ad Hoc Committee recommends that efforts should be stepped up to reserve suitable premises in new public housing estates or other government buildings for NGOs to operate such homes. SWD has set up an inter-departmental working group to find solutions to this problem;
- (2) providing partial financial assistance : to allay NGOs’ worries about the financial risk of operating self-financing homes, the Ad Hoc Committee recommends that the Government should consider purchasing part of the places in self-financing homes, similar to the arrangement under the BPS for private homes. The places purchased can be allocated to elderly people on

the central waiting list. Such an arrangement will ensure a certain level of income for the NGOs. The Government can also consider granting them subsidy on rates.

In order that self-financing homes can provide services on a par with subvented homes, the Government, in buying places from these homes, may consider allowing the family members of the residents to make up for the difference between the purchase price and the service cost, but the part contributed by family members should not be counted as income of the residents. The Government may also consider fixing the purchase price at a higher level, or the price may vary in accordance with the health conditions of the residents. SWD is now following up the recommendation concerned;

- (3) adopting a mixed mode of operation : the Ad Hoc Committee recommends that in planning new care homes, operation of both subvented and self-financing places in the same home should be allowed to enable flexible use of resources; and
- (4) recognizing the qualifications of staff of self-financing homes : as mentioned earlier, when staff of self-financing homes transfer to other residential care homes, their qualifications and balance of provident funds are not recognized by the new institutions. SWD points out that under the existing subvention policy, staff transferring from one subvented care home to another will have their qualifications and balance of provident funds recognized. For transfers from self-financing to subvented homes, the qualifications of professional staff will be recognized, but there are no such arrangements for general staff such as clerical officers and workmen. The Ad Hoc Committee understands the existing arrangement but hopes that the Administration will consider giving general staff on transfer to subvented homes the same treatment as professional staff.

CHAPTER 8

PRIVATE RESIDENTIAL CARE HOMES

As at the end of July 1998, there were a total of 425 private residential care homes in Hong Kong, providing about 24 000 places, i.e. about 53% of the total supply in the territory. Private care homes play a very important role in the provision of residential care for the elderly, but their service quality varies. The Ad Hoc Committee has discussed the problems faced by such homes and has put forward various recommendations which may help improve their service quality.

Situation of Private Residential Care Homes

2. Private residential care homes are distributed in various districts in the territory : 105 on Hong Kong Island, 186 in Kowloon, and 134 in the New Territories. The residential care places on Hong Kong Island account for about 20% of the total supply, while those in Kowloon and the New Territories each represent about 40%.

3. Private care homes mostly operate on a small scale, with 72% (306) of them providing 60 places or less, 14% (60) providing 61 to 100 places, and only 14% (59) providing over 100 places.

4. The fees charged by the private care homes vary considerably. The monthly fee of some care places is as high as \$20,000, but for most of the places, the monthly fee is \$6,000 or below. As at the end of July 1998, 80% of the private care home residents were CSSA recipients. In some private care homes, all residents are CSSA recipients. Generally speaking, the CSSA payment for these elderly people is \$4,640 per month.

5. According to SWD's record as at the beginning of this year, monopolization did not exist in the private home industry. 67% of the operators operated only one care home, and 22% of them operated two homes at the same time. Only two operators jointly operated ten homes, providing over 1 400 places.

Residential Care Homes (Elderly Persons) Ordinance

6. The Residential Care Homes (Elderly Persons) Ordinance (Cap. 459) was fully implemented in June 1996. The Ordinance aims to ensure that the services provided by residential care homes are of acceptable standards and are of benefit to their residents. According to the provisions of the Ordinance, residential care home operators should obtain a licence or a certificate of exemption issued by the Director of Social Welfare. The

Residential Care Homes (Elderly Persons) Regulation, a subsidiary legislation of the Ordinance, sets out the requirements on the staffing level, location, design, fire precautions, health services, sanitation and safety of the residential care homes. The Code of Practice for Residential Care Homes (Elderly Persons) issued by SWD under the Ordinance also outlines the principles, procedures, guidelines and standards regarding the operation, management or supervision of residential care homes.

7. As at the end of July 1998, the Licensing Office of Residential Care Homes for the Elderly under SWD had issued a total of 60 licences and 365 certificates of exemption.

Licensing Obstacles Faced by Residential Care Homes

8. Among the 365 private care homes currently operating on certificates of exemption, about 40% are located in the commercial section of composite buildings, while the remaining 60% are situated in domestic premises. The main difficulties for these care homes to obtain a licence are the in-situ constraints of their buildings, which hinder them from meeting the building and fire requirements under the Residential Care Homes (Elderly Persons) Ordinance. These requirements include:

Main facilities and measures

- addition of smoke lobbies in the means of escape, clearance of metal gates obstructing access areas, clearance of obstacles in fire escapes, etc.
- clearance of major unauthorized structures of the building
- hose reel system
- automatic sprinkler system

Other facilities and measures

- doors with fire resistance structure and self-closing device
- fire extinguishers
- “exit” signage and emergency lighting system
- certificates of annual inspection/maintenance of fire, electrical and gas installations.

9. As mentioned above, many private care homes are unable to obtain a licence because of failure to meet the requirements on “other facilities and measures”. Starting from May 1995, SWD has implemented a “Financial Assistance Scheme” under which funds are provided to assist private care homes to upgrade building and fire facilities so that they can obtain a licence. As at the end of July 1998, 94 private care homes had obtained subsidies totalling about \$8.2 million. Since it takes time to finish the works, the effect of the

Financial Assistance Scheme was not evident until recently. The number of licensed residential care homes is now increasing steadily. However, for those residential care homes which find it impossible to carry out any repair or conversion works due to in-situ constraints of the buildings, relocation to other premises may have to be considered.

10. It is stipulated in the Residential Care Homes (Elderly Persons) Ordinance that the minimum floor area per place is 6.5m². To meet this requirement, some private care homes will have to reduce the number of places, but their income will be affected as a result. As over 80% of the elderly residents of private care homes are CSSA recipients who are unable to afford higher fees, reduction in the number of places may leave the private homes with no financial means to carry out any improvement works. Despite SWD's Financial Assistance Scheme, some private care homes may still be unable to maintain the same income level if the number of places is reduced. To find a way out, their operators may have to look for alternative sites. However, identifying suitable premises for a private care home is also a big problem.

11. Most of the private care homes are located in premises converted from private domestic flats or shopping arcades. Apart from in-situ constraints, their operation is often subject to objections from other users of the buildings on the ground that they contravene building usage specified in the Deeds of Mutual Covenant, as is pointed out in paragraph 28 of Chapter 6. In fact, such a problem can be resolved by mutual accommodation. One example is the residential care home recently set up in the shopping arcade of a private estate in Tsuen Wan. At first there were strong objections from the occupants of the estate. Their main worry was that the residents of the private care home might occupy the other areas of the shopping arcade as well. After negotiations among the care home operator, estate management and government departments concerned, a settlement was reached on the design and management of the care home to minimize inconvenience caused to the estate occupants. The care home eventually came into operation smoothly. At present, it is providing residential care for 280 elderly persons.

12. Another licensing obstacle faced by some private care homes operating on certificates of exemption is the difficulty in staff recruitment. According to the information provided by SWD, residential care homes have difficulty recruiting sufficient Health Workers and Care Workers. Since 1995, the SWD, in conjunction with four nursing institutions, has organized health worker training courses with a total intake of about 1 150 trainees. It is hoped that graduate trainees would work as Health Workers in private care homes. As at the end of December 1997, about 40% of the graduates worked as Health Workers in private care homes, but the wastage was as high as 60%. The main reason was that they could not adapt

to the working environment and job nature of residential care homes. They also considered the working hours too long and the pay unattractive. At present, the average monthly wages for Health Workers are \$8,000 and they have to work about 12 hours a day. Some of the graduate trainees prefer to work as Care Workers at subvented care homes, or to take up a different job in other welfare/rehabilitation/medical service institutions. On the other hand, as pointed out by some private care home operators, the training courses should be enhanced to improve the trainees' professionalism in medical and nursing aspects. Besides, since new arrivals from the Mainland who have received medical training before may be able to cope with the job requirements more easily, some operators have suggested that health worker training should be provided to these new arrivals.

13. As for the supply of Care Workers, private care home operators can apply for importation of workers through Labour Department's "Supplementary Labour Scheme". Since the implementation of the scheme in February 1996, over 700 workers have been approved. The main reasons for the shortage of Care Workers are also long working hours and low wages. According to a survey conducted by the Census and Statistics Department at the end of last year, the average monthly wages of Care Workers at private care homes are \$6,250, and the net working hours per day are about 10 hours. The fact that Care Workers at subvented care homes work about eight hours a day and earn an average of \$10,000 a month explains why private care homes have difficulty recruiting Care Workers.

Assistance for Private Residential Care Homes

14. The Ad Hoc Committee appreciates the problems facing private care homes in search of suitable premises, and recommends that departments concerned should take active measures to increase the supply of premises for residential care homes, which include leasing or tendering out suitable government premises (such as ex-government staff quarters) and vacant public housing units for residential care home purposes. Besides, departments concerned will also develop sites reserved for community centres into residential care homes (please refer to paragraphs 24 and 25 of Chapter 6).

15. For private care homes which do not meet the requirements on building, fire, electrical and gas safety under the Residential Care Homes (Elderly Persons) Ordinance, SWD will, through various arrangements, continue to assist and encourage them to apply for subsidy under the Financial Assistance Scheme so that they will be able to comply with the requirements. In fact, the problems can be effectively resolved if the operators employ the services of Authorized Persons. With the Residential Care Homes (Elderly Persons) Ordinance having been implemented for about three years, Authorized Persons in the construction industry should have acquired enough experience in handling such cases.

16. Regarding the aforesaid manpower problem, the Ad Hoc Committee and the department concerned, after discussing and considering various opinions received from the private home industry, have decided to introduce the enhanced BPS (please refer to Chapter 9 for details). Under the enhanced BPS, higher purchase prices will be offered to enable the participating homes to employ staff at higher wages as well as to obtain reasonable returns. The Ad Hoc Committee also recommends that the Administration should, in due course, deal with the issue of importation of Care Workers in light of the actual situation.

17. Apart from providing financial assistance as mentioned above, SWD will initially provide 140 additional places in the health worker training programme in September this year to alleviate the shortage of Health Workers. In the long run, SWD will organize more health worker training courses according to the actual need of the industry and the wastage rate of graduate trainees. Regarding the recommendation to enhance the courses, SWD has set up a working group to revise the long-term training objective to meet the manpower requirement and the needs of the industry.

18. The Ad Hoc Committee has made recommendations on manpower training in Chapter 2 “Policy Direction on Care for the Elderly”. The Ad Hoc Committee notes that manpower training for elderly services is an important topic being followed up by the Elderly Commission, and hopes that the Elderly Commission will conduct a detailed study and make recommendations to the Government in this area.

CHAPTER 9

BOUGHT PLACE SCHEME

When exploring the development of private care homes, the Ad Hoc Committee appreciated the difficulties facing their operators. Therefore, it is hoped that the BPS and the enhanced BPS will provide financial incentives to encourage them to improve the service quality.

Background

2. The BPS was introduced in October 1989 on a trial basis with funds provided by the Lotteries Fund. The BPS became a subvented scheme in 1993, aiming at purchasing residential places from private care homes. The scheme is managed by SWD.

3. There are three categories of bought places under the existing BPS, i.e. Category A1, A2 and B. The net floor area per resident is 9.5m², 8m², and 7m² respectively. Among the three categories, the staffing level of Health Workers and Care Workers for Category A1 is the highest. At present there are 44 private care homes participating in the BPS, providing 1 200 bought places. SWD usually purchases about 30%-40% of the places of BPS homes with flexible adjustment to be made in accordance with the need. Details of the BPS and geographical distribution of the different categories of bought places are shown in Appendices 4 and 5 respectively.

4. SWD signs contracts with private care homes under the BPS. The contracts are usually valid for a period of six months, and they will be renewed if the services provided are considered to be satisfactory. The bought place prices are based on the staffing levels and other operational costs of the care homes, and will be adjusted as necessary or in accordance with inflation. The existing prices are as follows:

	Category A1		Category A2		Category B	
	Urban \$	NT \$	Urban \$	NT \$	Urban \$	NT \$
Purchase Price	7 756	7 188	6 605	6 127	6 425	6 007
User's Fee	1 603	1 603	1 391	1 391	1 295	1 295
Government's contribution	6 153	5 585	5 214	4 736	5 130	4 712

Review of the Existing Bought Place Scheme

5. The BPS is one of the means to provide reasonable and suitable conditions for the operation of private care homes. Although the existing 1 200 BPS places only account for a small portion of the some 24 000 private care places, the BPS does play a part in raising the service quality of private care homes, which in turn benefits their elderly residents. As at July this year, of the 44 care homes participating in the BPS, 16 were licensed by SWD, and the remaining 28 were making gradual improvements in a bid to meet the requirements under the Residential Care Homes (Elderly Persons) Ordinance.

6. Nevertheless, private care homes in possession of a licence are still in the minority, and the bought place prices offered are generally regarded as being low and unattractive by the private home industry. Besides, it is stipulated that the nursing staff for Category A1 places should comprise Registered or Enrolled Nurses, but given the shortage of nurses, there are bound to be recruitment difficulties. The Ad Hoc Committee has discussed and reviewed the BPS with reference to the above factors. Its view is that the quality of the bought places should be up to a certain standard, the prices should be prudently fixed in accordance with specific criteria, the BPS should be implemented with flexibility, and suitable prices should be offered to promote healthy competition among residential care homes.

7. Based on the above points and the views solicited from the private home industry, the Ad Hoc Committee has put forth proposals for the enhanced BPS to further encourage the private sector to raise the service quality and to enable more private care homes to meet the licensing requirements.

Enhanced Bought Place Scheme

8. The enhanced BPS, formulated by the Ad Hoc Committee after detailed discussions and consideration of the views of the private home industry, are summarized as follows (please refer to Appendix 6 for a summary of the proposals for the enhanced BPS):

- (1) residential care homes joining the enhanced BPS should be those licensed under the Residential Care Homes (Elderly Persons) Ordinance (Cap. 459);
- (2) private care homes operating on certificates of exemption can also participate in the enhanced BPS, subject to their obtaining a licence within six months. During this period, prices for the bought places at these homes should be reduced by about 5% accordingly;

- (3) given the dense population and scarce supply of land in Hong Kong, and in view of the overcrowded living conditions, improvement in floor space should be achieved gradually. Category A2 places are therefore used as the minimum requirement for the enhanced BPS, i.e. the net floor area per resident should not be less than 8m²;
- (4) under the enhanced BPS, there should be enhanced health and care staffing. However, in view of the inadequate supply of nurses, the existing practice of substituting Health Workers for nurses is still acceptable for the time being;
- (5) in accordance with the formula agreed by the Social Welfare Advisory Committee and the views solicited from the private home industry, the Ad Hoc Committee proposes that, under the enhanced BPS, the monthly purchase price for each place should be about \$1,000 higher than that of the existing BPS. Such price should enable the operators to offer higher salaries for the recruitment of workers, as well as allow the operators to obtain reasonable returns. In relation to the importation of Care Workers, the Ad Hoc Committee has also considered the option of buying places first from elderly homes with no imported labour in a bid to encourage care home operators to recruit local staff, and has eventually decided not to pursue the matter to avoid interference in the free market operation. Nevertheless, the Ad Hoc Committee hopes that the Government will closely monitor the situation and follow up on the issue of importation of Care Workers in due course;
- (6) regarding expenses on meals, water and electricity charges, day-to-day building maintenance and management fee, the same average monthly sum of \$1,378 as subvented residential care homes is used. Since subvented homes usually occupy the whole building, they have higher expenditure than private homes. By using the same expenditure figure as subvented homes, there should be no under-estimation of similar expenditure items of private homes; and
- (7) under the enhanced BPS, there will be enhanced health and care staffing, and the user fee is adjusted to reflect the higher service cost. The user fee is \$1,603 for enhanced A2 and \$1,707 for enhanced A1. Future revision of the user fee should be based on the level of health and care staffing as well

as the service cost.

9. To encourage private homes to participate in the provision of residential care service of a certain standard and quality, and to increase the supply of C & A places by further increasing the number of subvented places, the Government will buy an additional 2 400 places between 1998 and 2001, of which 600 will be bought in 1998/99. After observing the response of the market and the elderly towards the enhanced BPS, the Government will consider whether or not more enhanced BPS places should be purchased.

Service Standards

10. The Ad Hoc Committee hopes that with the enhanced BPS, the quality of services provided by private care homes will improve gradually, thus bringing about healthy competition at a higher level. The Director of Social Welfare is reviewing the subvention system, and one of the items is to draw up funding and services agreements and service quality standards to evaluate the quality of subvented services. The Administration will extend the concept of service quality standards and monitoring to private care homes under the enhanced BPS. The relevant “service quality standards” will be used by SWD to monitor the services provided by residential care homes under the scheme. To encourage the private homes concerned to improve their services, SWD will adjust the number of places to be purchased from them in accordance with their performance. There is no limit on the number of places to be purchased. However, SWD envisages that not all the places in a residential home will be bought so that it may take in elderly people who can afford more for quality services. In fact, for private care homes providing substandard services, their bought place contracts will not be renewed by SWD upon expiry. Moreover, stringent criteria should not be used at the outset lest many care homes will not be able to improve their service quality through the scheme.

11. The “service quality standards” will initially cover the following areas:

- (1) Information on services
- (2) Duties and responsibilities
- (3) Safe physical environment
- (4) Application for and withdrawal from services
- (5) Complaints
- (6) Records of service operation and activities
- (7) Needs of clients
- (8) Rights in relation to private property
- (9) Privacy and confidentiality

- (10) Free from abuse
- (11) Policies and procedures
- (12) Staff recruitment, development, training and deployment
- (13) Feedback on services
- (14) Legal obligations and professional codes of practice
- (15) Right of self-determination

12. In essence, SWD will draw up a set of “service quality standards” to monitor the service quality of private care homes under the scheme, and will consult the private home industry on the standards.

CHAPTER 10

RESIDENTIAL CARE SERVICES FOR THE ELDERLY- CONTINUUM OF CARE

At present, the Government subsidizes various types of residential care institutions to cater for the different care and social needs of elderly people of varying health conditions. Since the existing classification of the care institutions already specify the level of care to be provided, elderly people may have to be transferred to other care institutions when their health conditions deteriorate. For the elderly, sudden change of environment could be very unsettling. To attain the policy objective of “ageing in place” and enable elderly people to age in a familiar environment when their health conditions worsen, the Ad Hoc Committee reaffirms that “continuum of care” is essential in residential care services.

The Concept of “Continuum of Care” and the Existing Measures

2. The purpose of implementing the concept of “continuum of care” is to equip residential care homes with appropriate facilities and staffing, so that they can meet the health care needs of the elderly residents whose health conditions change constantly. The elderly can remain in the care home and there is no need for them to be moved to other care homes.

3. To put the concept into practice, the Government has since 1996 issued Infirmity Care Supplements to C & A homes to enable them to recruit extra personal care workers, nurses and workmen to provide better care for their residents. In 1997/98, the supplements granted by the Government enabled 460 elderly persons to receive continued care in the same home in spite of deteriorating health.

4. The concept of “continuum of care” has long been realized in private and self-financing residential care homes. In some of these homes, different levels of care service are provided at different charges, depending on the health conditions of the elderly. In residential care homes where continuous services are provided, there is no need for the elderly to be transferred to other homes when their health conditions degenerate.

Recommendations

5. To take this concept further and to tie in with the admission criteria proposed in Chapter 6, the Ad Hoc Committee considers that future services provided at a residential care home should cater for elderly people of varying health conditions. At present, the Infirmity Care Supplements granted by the Government enable residential care homes to recruit

additional staff to take care of elderly people with higher frailty. The Ad Hoc Committee recommends that in future, the overall subvention for a care home should be determined by the care needs of its elderly residents of varying health conditions. Medical professionals and social workers could make a pre-admission assessment for the elderly to determine their levels of frailty and the amount of subvention required. Changes in the health conditions of the elderly after admission could be assessed in accordance with a set of criteria, and adjustment to the amount of subvention could be made accordingly. The Ad Hoc Committee foresees that the proposed mode of service delivery would change the client groupings to be cared for at these residential care homes and the methods of calculating the overall subvention. These changes should be matched by the physical and professional development of the residential care homes in terms of facilities, manpower and management so as to cater for elderly people of varying health conditions.

6. It is expected that implementation of the continuum of care concept in residential care homes will greatly benefit their elderly residents. However, since putting this concept into actual practice involves a number of operational issues, the Ad Hoc Committee agrees that a two-year pilot scheme should first be launched in one or two C & A homes to test the results. Care homes under the pilot scheme will be given additional resources to look after elderly residents with more severe impairment so that these residents will not be required to move to other homes due to deteriorated health conditions. Measures to improve services should also be considered under the pilot scheme.

7. The Ad Hoc Committee recommends that in the evaluation to be conducted at the end of the pilot scheme, the operation and management of residential care homes under the continuum of care model should be compared with those under the traditional model. The evaluation should also examine whether the new model can reduce the elderly people's demand for medical services, upon which consideration would be made as to whether and how the scheme should be extended to other residential care institutions.

CHAPTER 11

CONCLUSION

“Ageing in place” is the basic objective of the HKSAR Government’s policy on care for the elderly. The Ad Hoc Committee agrees that the elderly should age in a familiar environment. At the same time, it affirms the role of the family in caring for the elderly. Even when the health of the elderly deteriorates, the majority of their family members are willing to continue to take care of them. The Ad Hoc Committee therefore reiterates that the Government should continue with its policy of encouraging and helping families to care for the elderly. In order to enhance awareness towards respect for the elderly, the Government should, through various channels and means, educate and encourage the younger generation to respect the elderly and shoulder the responsibilities of caring for them. On the other hand, improving elderly people’s skills in communicating with the younger generation will also help promote harmonious relationships between the two generations.

2. The Ad Hoc Committee recommends that the Government should take various measures to encourage families to live with their elderly dependents and should enhance support for carers. On public housing allocation policies, families living with their elderly members should be given priority in flat allocation. Supporting facilities should be appropriately designed to cater for the needs of elderly people with higher frailty. The Ad Hoc Committee also agrees that the Government should continue to provide suitable housing for the elderly and recommends that the needs of elderly people of different age groups and health conditions should be taken into consideration in the provision of public housing.

3. For those elderly people who lack family care or whose health conditions make it impossible for their families to care for them, the Government should continue to develop residential care service to cater for their needs. Realizing that the existing demand for residential care far exceeds the supply, the Ad Hoc Committee considers that the Government should formulate long-term strategies to meet the demand and should evaluate the interface between residential care service and infirmary service. The Ad Hoc Committee agrees that in assessing the need for services, attention should be focused on those elderly people with genuine care needs, and that the urgency of their service needs should be taken into account in resource allocation. Since most of the elderly people wish to stay in a familiar environment, the Ad Hoc Committee reiterates that the concept of “continuum of care” should continue to be promoted in the community and residential care homes. The future direction on residential care should be the provision of mixed services to take care of elderly people with varying health conditions. This proposal would change the client groupings to be cared for

at these residential care homes, the criteria for granting subvention, as well as the supporting ancillary facilities and staffing level of the care homes. The Ad Hoc Committee supports the implementation of a pilot scheme on the concept of “continuum of care” by SWD to test the results. When the pilot scheme is finished, an evaluation and a review should be made to determine how the concept could be extended to other care homes.

4. To redress the shortfall in residential care services, the Ad Hoc Committee supports the overall strategy formulated by the Government, which includes defining the genuine demand for services and increasing the supply of residential care places. On the issue of defining the service demand, the Ad Hoc Committee agrees that residential care should be targeted at elderly people with genuine care needs. Therefore, the Ad Hoc Committee supports the Government’s proposal to review the admission criteria of homes for the aged and C & A homes. For the able-bodied elderly who do not meet the C & A admission criteria or who have a housing need due to the lack of family care, the Ad Hoc Committee recommends that the Housing Authority should provide them with Housing for Senior Citizen units and 1-person/2-person housing units under the existing policy, while the Government should upgrade community support facilities at the same time. The Ad Hoc Committee requests the Administration to follow up on the coordination between residential care services and public housing allocation.

5. The Ad Hoc Committee supports the establishment of a Gate-keeping mechanism for effective utilization of limited resources. In particular, the Ad Hoc Committee recommends that in drawing up the assessment tool, the views of NGOs, the elderly and the parties concerned should be taken into account. It is also necessary to establish a channel for the elderly to make appeals on service arrangements. However, the Ad Hoc Committee points out that a more detailed study may be needed to examine the effectiveness of the mechanism in reducing the waiting time of the elderly for community services.

6. The Ad Hoc Committee agrees that in the long run, the Government should provide suitable premises for different types of care homes (including subvented, private and self-financing homes). This will increase the number of residential care places and gradually phase out existing care homes with unsatisfactory facilities and physical environment.

7. On the measures to encourage private sector participation in the provision of accommodation for residential care homes, the Ad Hoc Committee proposes, after several discussions, that suitable conditions should be included in land leases or building concessions should be granted to encourage property developers to include care home premises in their

development plans. The Administration has made an interim response to these proposals and will give a detailed reply in due course.

8. As for the overall provision of elderly services, the Ad Hoc Committee reiterates that institutions operating under different modes should coordinate with one another. The Government should create a level playing field in support of diversification in the modes of operation, so as to give the elderly more choice and promote competition in the market to bring about improvement in service standards.

9. The Ad Hoc Committee affirms the role of the private sector in providing elderly services, and appreciates the difficulties facing private care homes. The Ad Hoc Committee therefore recommends that the Government should formulate a policy on private homes to provide basic conditions for them to operate in the market. Apart from providing suitable premises for the homes as mentioned above, the BPS and enhanced BPS are also formulated to give private home operators financial incentives to improve their services gradually. The enhanced BPS is the result of repeated discussions of the Ad Hoc Committee and has taken into consideration the view points of the private home operators.

10. Recognizing that self-financing homes are developing rather slowly, the Ad Hoc Committee recommends that to encourage development, places could be bought from such homes to give their operators some financial security. Besides, some members of the Ad Hoc Committee propose that departments concerned should give more consideration to staff bridging-over arrangements so as to attract more professional and general staff to work in self-financing homes.

11. Regarding human resources and staff training, the emphasis should be on instilling a proper attitude towards the elderly in the residential care home staff, and enhancement of their knowledge and skills through various means. As regards professionals such as doctors, nurses, social workers and teachers, they should be encouraged to pursue further studies in geriatrics.

CONCLUDING NOTE

Within the year, the Ad Hoc Committee has explored various aspects of the supply and demand of residential care services for the elderly and has made many constructive comments and recommendations. As the Government needs time to implement the recommendations, the Ad Hoc Committee will cease operation for the time being. The Committee will be re-convened to discuss the subjects concerned after the policies have been implemented for some time.

Ad Hoc Committee on Housing and Residential Care

Membership List

Convenor: Mr CHENG Mo-chi, Moses, JP

Members:

Elderly Commission Members

Dr WU Wai-yung, Raymond, JP

Mrs LAM PEI, Peggy, SBS, JP

Mr CHAN Kam-man, BBS, JP

Dr Marion FANG, JP

Mr WAN Man-ye, JP

Dr Iris CHI

Mr HO Wing-him, Representative of Secretary for Health and Welfare

Mr C M LEUNG, JP, Representative of Secretary for Housing

Mr Stephen POON, BBS, JP, Representative of Director of Housing

Mr Andrew LEUNG, JP, Director of Social Welfare

Co-opted Members

Miss Nora YAU, JP

Mr Stephen NG, JP

Dr Alfred CHAN

Mr KWOK Lit-tung

Ms FUNG Yuen-wah

Mr WONG Man-bo

Mr MAK Kit-ping

**Ad Hoc Committee on Housing and Residential Care
Topics for discussion**

Residential care - subvented homes

1. Integrated waiting list for residential care places*
2. Demand and supply of residential care places*
3. Referral between different types of homes (including infirmaries) and Admission Criteria*

Residential care - private homes

4. The problems facing private homes - enough manpower and suitable premises*
5. Strategy for promoting the development of the private home industry*
6. Bought Place Scheme*

Demand and supply of elderly housing

7. Care for the Elderly - Direction on Community/Residential Care*
8. Demand and supply of housing for the elderly*
9. Role of Lands Development Corporations
10. Sandwich-class elderly housing scheme
11. Elderly housing schemes of the Housing Society
12. Housing for the elderly in private development projects
13. Integration of different types of housing on the issue of housing for the elderly
14. Planning, infrastructure, and lands issues on housing for the elderly (e.g. special increase in the plot ratio)

Design, management and allocation of housing for the elderly

15. Building standards and facilities for elderly housing
16. Management services and care for the elderly in public housing estates
17. Co-ordination and integration of efforts between departments and organisations in handling the issue of housing for the elderly*
18. Policy on allocation of housing and elderly priority schemes
19. Rent Assistance Scheme
- 20.

* Items to be dealt with first by the Ad Hoc Committee

**Government departments and other organisations
participating in the work of the Ad Hoc Committee on
Housing and Residential Care**

Buildings Department

The Chinese University of Hong Kong

Education and Manpower Bureau

Health and Welfare Bureau

Hong Kong Housing Society

Hospital Authority

Housing Bureau

Housing Department

Labour Department

Lands Department

Planning Department

Planning, Environment and Lands Bureau

Social Welfare Department

[App_3]

BPS Standards

Category	Compliance with provisions of Fire Services Ordinance and Buildings Ordinance	Space standard per resident	Staffing Provision	Number of night staff	(1) Health and care services (2) Equipment & furniture (3) Social care
A1	comply with the requirements of DSW	9.5m ²	At least 1 RN/EN for each 40 residents while additional health workers or care workers are required so that the total number of nursing and care staff can meet the ratio of 1:5 with the number of residents. Besides, number of ancillary staff should be to the satisfaction of DSW.	Not less than 2, exact number depends on individual situation of home and number of residents	to the satisfaction of DSW
A2	comply with the requirements of DSW	8 m ²	At least 1 RN/EN or health worker for one home while additional health workers or care workers are required so that the total number of nursing and care staff can meet the ratio of 1:7 with the number of residents. Besides, number of ancillary staff should be to the satisfaction of DSW.	Not less than 2, exact number depends on individual situation of home and number of residents	to the satisfaction of DSW
B	comply with the requirements of DSW	7 m ²	At least 1 RN/EN or health worker for one home while additional health workers or care workers are required so that the total number of nursing and care staff can meet the ratio of 1:7 with the number of residents. Besides, number of ancillary staff should be to the satisfaction of DSW.	Not less than 2, exact number depends on individual situation of home and number of residents	to the satisfaction of DSW

Note : RN/EN means registered nurse or enrolled nurse who has registered or enrolled according to the Nurses Registration Ordinance, Cap. 164.

Health worker means any person who is qualified to be registered according to Residential Care Homes (Elderly Persons) Regulation, Cap. 459.

**Geographical Distribution of Different Categories of
Bought Places (July 1998)**

	No. of private homes			No. of bought places		
	Category A1	Category A2	Category B	Category A1	Category A2	Category B
<i>Hong Kong Island</i>						
Central and Western District			1			23
Eastern District			7			98
Southern District			2			57
Wan Chai			1			15
<i>Kowloon</i>						
Kwun Tong			2			112
Wong Tai Sin			1			55
Kowloon City	1		9	5		162
Mong Kok			2			64
Yau Ma Tei & Tsim Sha Tsui			1			7
<i>New Territories</i>						
Tai Po			2			59
Yuen Long		4	6		143	180
Kwai Tsing	1			75		
Tsuen Wan		1			60	
Tuen Mun		1	2		35	50
Sub-total	2	6	36	80	238	882
Total	44			1200		

Summary of Proposals for the Enhanced Bought Place Scheme

	Category A2		Category A1		Subvented Home
Net floor area per resident	8m ²		9.5m ²		about 22 m ²
The number of Health Workers and Care Workers is the same as that of a subvented care home. Under A2 BPS, all nurses may be substituted by Health Workers and under A1 BPS, half may be substituted. The number of Ancillary Workers is determined by the floor area of the care home. Using a 40-place care-and-attention home <u>as an example</u> , the total number of staff (including leave relief and assuming an 8-hour working day for all staff) is as follows:					
Home Manager	1		1		1
Physiotherapist II	-		-		0.25
Registered/Enrolled Nurse	-		2		4
Health Worker	4		2		-
Care Worker	8		8		8
Ancillary Worker	6		8		9.5
Total	19		21		22.75
Purchase price (including rent, capital investment and profit)	NT \$	Urban \$	NT \$	Urban \$	Average operating cost \$
Licensed Homes*	7 040	7 600	8 135	8 800	8 088 (excluding rent, capital investment, profit and user fee, but including SWD's administration cost.)
User	1 603	1 603	1 707	1 707	
Government's contribution	5 437	5 997	6 428	7 093	

*Purchase price at 5% less for care homes operating on Certificate of Exemption

	Category A2		Category A1	
	NT	Urban	NT	Urban
	\$	\$	\$	\$
Existing bought place price	6 127	6 605	7 188	7 756
Increase under Enhanced BPS	913	995	947	1 044

SUMMARY OF MAIN RECOMMENDATIONS

The main findings and recommendations of the Ad Hoc Committee are summarized as follows:

Chapter 2 : POLICY DIRECTION ON CARE FOR THE ELDERLY

- (1) “Continuum of care” should be central to the policy on elderly services.
- (2) The family plays a very important part in caring for the elderly. The Government should, through public housing allocation and taxation measures, encourage and assist families to take care of the elderly.
- (3) The Government should, through various channels, promote communication between the older and the younger generations.
- (4) The Government should respect elderly people’s right of choice and provide adequate public housing flats for single elderly persons and elderly couples.
- (5) The Government should strengthen support services, improve respite service, consider increasing professional outreaching services, and provide the support needed by carers to assist them to better care for the elderly.
- (6) The Government should formulate relevant policies and encourage private property developers to provide flats with suitable facilities for lease or sale to the elderly.
- (7) The Government should continue to develop residential services to meet the need.
- (8) The Government should create an environment conducive to healthy competition to tie in with the development of a mixed economy of service provision. This will offer more choice to the elderly and improve service quality through introducing more competition in the market.
- (9) The Government should devise a policy on private residential care homes to provide basic conditions for them to operate in the market.

- (10) When the mixed economy of service provision is fully developed, the Government may consider changing to the role of a service purchaser.

Chapter 3 : ASSESSMENT ON THE HOUSING DEMAND OF THE ELDERLY

- (11) When calculating the housing demand of the elderly, the Housing Bureau should take into account the demand generated from revision of the admission criteria of homes for the aged.

Chapter 4 : ASSESSMENT ON THE DEMAND OF THE ELDERLY FOR RESIDENTIAL CARE SERVICES

- (12) HWB should review the interface of services of residential care homes and infirmaries.

Chapter 5 : PUBLIC HOUSING ALLOCATION FOR THE ELDERLY

- (13) More concessions in waiting time and flat allocation should be given to families who take care of elderly people with impairment.
- (14) As with arrangements in overseas countries, the Housing Bureau may consider according more concessions to the “older” old, say those 75 years of age or over.
- (15) The Housing Department should consider a review of the Estate Liaison Officer Scheme.

Chapter 6 : RESIDENTIAL CARE SERVICES

- (16) HWB should consider how to coordinate with the Housing Department in caring for those elderly people who have a housing need but who do not meet the admission criteria of residential care homes.
- (17) SWD should, as far as resources permit, consider buying more residential care places after observing the response of the market and the elderly towards the enhanced BPS.
- (18) SWD should improve the utilization rate of existing residential care places.
- (19) SWD should follow up with the welfare sector the arrangements to convert home for the aged places into C&A places as far as resources permit.
- (20) An inter-departmental working group led by the Director of Social Welfare should consider

how to increase the supply of premises for residential care homes, such as through leasing or tendering out suitable government premises (e.g. ex-staff quarters) and vacant units in public housing estates, development of sites reserved for community centres, etc.

- (21) The Government should extend to private and self-financing homes the policy of providing purpose-built premises.
- (22) The Government should consider including suitable conditions in land sale programmes or modification of land leases requiring property developers to provide accommodation for residential care homes.
- (23) The Government should consider exempting residential care homes licensed by SWD from user restrictions in land leases and building occupation permits.
- (24) The Government should consider extending the health and specialist outreaching services to self-financing homes and private homes under the BPS.
- (25) The Ad Hoc Committee on Home Care to be set up shortly may conduct more in-depth discussions on the policy on community services.

Chapter 7 : SELF-FINANCING RESIDENTIAL CARE HOMES

- (26) When planning new care homes, SWD should consider allowing the operation of both subvented and self-financing places in the same home to enable flexible use of resources.
- (27) SWD should extend the enhanced BPS to self-financing homes.

Chapter 8 - PRIVATE RESIDENTIAL CARE HOMES

- (28) Operators of residential care homes should engage the services of Authorized Persons to assist them in dealing with the various requirements on building, fire, electrical and gas safety under the Residential Care Homes (Elderly Persons) Ordinance.
- (29) Having regard to the needs of the industry and the wastage rate of health worker training course graduates, SWD should organize more training courses and strengthen the practical aspects of the courses to meet the manpower requirement and the needs of the relevant industry.

Chapter 9 : BOUGHT PLACE SCHEME

- (30) In future, when it is necessary to revise the user fees under the enhanced BPS, SWD should take into account the level and costs of the health and care services provided.
- (31) SWD should extend the concept and monitoring of service quality to private care homes under the enhanced BPS and monitor their performance in accordance with the service quality standards.

Chapter 10 : RESIDENTIAL CARE SERVICES FOR THE ELDERLY - CONTINUUM OF CARE

- (32) SWD should launch a two-year pilot scheme on the “continuum of care” concept at one or two C & A homes to test the results.

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