**Legislative Council**
**Panel on Welfare Services Meeting on 10 January 2000**

# Information Paper on the Consultancy Study on Review of Day Care Centres, Multi-service Centres and Social Centres for the Elderly and Development of Integrated Care Services for the Elderly

## Purpose

This paper informs Members about a consultancy study which the Government has commissioned to review the services currently provided by day care centres, multi-service centres and social centres for the elderly (hereafter referred to collectively as "community centres for the elderly") and identify practical ways to provide better integrated elderly care services, including home care, community care and, where appropriate, residential care.

## Background

2. There has been a substantial growth in the absolute number and proportion of elderly people in Hong Kong. The proportion of elderly people aged 65 or over in the total population has increased from 7.6% in 1986 to 10.7% in 1999. This percentage is projected to rise further to 13.3% by the year 2016. In 1999, the number of elderly people aged 70 or over is 482 900. This represents a 87% increase over that in 1986. By 2016, the number of those aged 70 or over is projected to reach 679 300, a 40% increase over that in 1999. Although the worldwide trend of an ageing population is primarily the result of major improvements in social and economic condition and advancement in science and technology, old people often suffer different degrees of frailty. The growing number of "old-olds" has created a heavy demand for appropriate and adequate care and support services, especially for those continue to live at home.

3. The concepts of "ageing in place", "care in the community" and "continuum of care" are Government's core principles in the provision of care and

support services for the elderly. These concepts require that appropriate care and support services be provided to the elderly, especially those with cognitive or physical impairment, and their families to enable the elderly to continue to live at home for as long as possible.

4. Community care and support services are currently provided to the elderly in need by the Social Welfare Department (SWD) and subvented non-governmental organisations (NGOs). These services include: day care centres (D/E), multi-service centres (M/E), social centres (S/E), home help service, support teams, day respite service, carers' support centres, an outdoor and recreational bus service and a holiday centre. The Hospital Authority also provides services to elderly people living at home e.g. day hospital and community nurses.

5. There have been comments that co-ordination among the three types of community centres for the elderly and their interface with other community support and residential care services is weak. Opportunities to provide better integrated care services in more cost-efficient manner should be explored. Hence, it is necessary to conduct a study to review the provision of community care and support services to elderly living at home and their families to improve the quality and cost-efficiency of the services. In fact, it is a policy commitment in the 1999 Policy Objective to review the role and functions of these community centres for the elderly to improve their co-ordination with other elderly care services.

**Objectives**

6. The objectives of the consultancy study are -

(a) to review the roles, functions, modes of service delivery, service standards and staffing structure of the three types of community centres for the elderly, i.e. day care centres, multi-service centres and social centres, on the basis of whether these services are meeting the changing needs of the elderly people in Hong Kong;

(b) to propose whether and what changes to the current mode of service delivery adopted in these community centres and in other community care and home care services are necessary to provide better integrated care services for the elderly, with detailed options and recommendations;

(c) to review the service boundaries, geographical locations and planning ratios for the community centres for the elderly and propose new planning ratios for them or for any proposed new integrated facilities, where appropriate; and

(d) to draw up implementation plans for the final recommendations.

**Scope of Study**

7. The Study will address two main issues, namely (i) the functional relationships and current mode of service delivery of the community centres for the elderly, and (ii) the development of integrated care services for the elderly.

**(i) Review of day care centres, multi-service centres and social centres**

8. The problems and inadequacies highlighted in paragraphs 9 to 14 below necessitates a review of the roles and functions of existing community centres for the elderly.

***Rigid planning standard***

9. The use of planning ratios for the provision of D/Es, M/Es and S/Es, which are entirely dependent on the size of elderly population, seems rigid and inflexible. For instance, since S/Es adopt an open membership system, the provision of S/E may adequately serve the needs of the elderly in the vicinity even though the elderly population exceeds 2 000. Rigid application of the planning ratio has resulted in S/Es being established in close proximity to each other and in some cases competing for clients. On the other hand, social centres in remote locations are under-utilised.

***Day care centre for the elderly***

10. D/Es aim to provide care and attention to elderly people in declining health and whose family members cannot take care of them during daytime. The unit cost of a D/E place is high ($5,989) compared with a residential care place which provides 24-hours care ($8,473). Since not all D/E members make daily visits to the centre despite the provision of transportation, the utilization of the two 16-seater vans (including drivers) provided for each D/E is not optimized. Furthermore, since D/Es are only open during daytime, the usage of their kitchens is low though, at some centres, the kitchens are shared with other co-located facilities.

***Multi-service centre for the elderly***

11. M/Es provide a wide range of services including social and recreational activities, laundry, shower facility, canteen, counselling, home help services, social networking, support team for the elderly and community education. Since their current target clients are those with no or low physical impairment, the clients who require home help services may be quite different from other members visiting the M/E on a regular basis. At present, the interface between home help and other services provided by a M/E is rather limited. On the other hand, the "social and recreational component" of M/Es is similar to the services provided by S/Es, yet there is no formal interface between M/Es and other S/Es in the same district. Furthermore, the utilization rate of some of their facilities (e.g. laundry, shower facility, etc.) is relatively low. In fact, the role and function of M/Es and their interface with other community care services for the elderly can be further improved.

***Social centre for the elderly***

12. The role of S/Es has diminished since they were first established in the 1970s for the provision of social and recreational services to elderly people. There is now an increasing number of other service providers, such as the Leisure & Cultural Services Department, District Councils, owners' corporations, mutual aid committees, etc. They organize social and recreational activities for local residents, many of which are targeted at the elderly population.

***Carers' support centre***

13. Two carers' support centres (CSCs) were established in early 1999. The CSCs provide to carers information on elderly care services, training, emotional support and resources to facilitate care of elderly at home. While the CSCs are specially provided to develop training and support packages for carers for the elderly, it is intended that the support services to the carers, e.g. training, counselling, emotional support, provision of equipment, should be reinforced by involving more elderly service units as delivery agents. In fact, some M/Es are currently providing support services to carers for the elderly though they are not included under the current schedule of subvented services provided by M/Es.

**(ii) Development of Integrated Care Services for the Elderly**

14. The Study would examine possible integration of the three community centres for the elderly with other elderly services covering community care, home care, and residential care.

***Integration between D/E and day hospital***

15. The cost-effectiveness of D/Es would be enhanced if priority is given to those elderly people living at home who require more intensive care service. We are also looking for measures which can increase the capacity, utilization and membership turnover of D/Es. The possible interface between D/E and day hospitals of the Hospital Authority would also be examined to meet the best interest of the elderly, especially those with long-term care needs and require rehabilitation and intensive nursing and personal care services.

***Integration between home care and day care service***

16. As both D/E and home care teams are involved in the provision of care and rehabilitative services for the elderly living at home, there are areas of overlapping in the expertise, target clients as well as core activities of these elderly care services. For instance, a member of D/E may not wish to go to the centre six days a week whilst a home care recipient may wish to go to D/E two or three days a week for social activities and rehabilitation exercise under supervision and allied health professionals. A flexible combination of day care and home care services

may be beneficial to a frail elderly living at home and enable better use of resources.

***Integration of community centres for the elderly***

17. The possible integration of D/Es, M/Es and S/Es into integrated community centre for the elderly as well as feasibility of widening the scope of services to include home care, carer support, respite service, etc. would be further explored in the study. Such an integrated community centre for the elderly will serve as one-stop shops providing care and support services for elderly with different service needs. This may encourage a better turnover in the number of clients requiring intensive care services as elderly clients whose conditions are stabilized could continue to go to the centre for maintenance rehabilitation, counselling, social and recreational activities, etc.

***Interface between home care, community care and residential care***

18. There are similarities in the core knowledge, skills and professional support required by the staff of residential care homes, day care centres and home care teams. Apart from exploring the possible interface between home care and day care service and between existing community centres for the elderly, it may be worthwhile to examine the possible integration of home care, community centres as well as residential care. An integrated service may enable the service providers to make better uses of the nursing and para-medical staff resources as well as the premises and vans. Better co-ordinated long term care services would facilitate holistic management of the complex care needs of the frail elderly, and would lead to lower overall cost.

**Latest Position**

19. The Elderly Commission and the welfare sector were consulted on the objectives, scope of review and approach of the Study. They are generally supportive of the Study and the comments and suggestions to improve the scope of the study have been incorporated into the study brief.

20. The study is scheduled to commence in early January for completion by end June 2000. A Steering Committee comprising representatives from the Elderly Commission, the Health and Welfare Bureau, the Social Welfare Department and the welfare sector will be set up to monitor the progress of the study, give directions to the consultants and receive reports from them.

**Advice Sought**

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

**Health and Welfare Bureau**
**January 2000**