

Policy support to carers in selected places

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1. Introduction

1.1 In Hong Kong, there were some 285 000 unpaid carers ("carers") providing home care to their family members with disabilities or chronic diseases in 2013, and this number is expected to balloon amidst rapid ageing in society. While a living allowance ("LA") scheme was launched in 2014 to support carers under the Community Care Fund, the monthly allowance is just HK\$2,400 with the total quota limited to 8 500 at present. There are looming public concerns over the plight faced by carers, including (a) **financial challenges** as many of them cannot work due to rigid working time at local workplace and as the LA scheme is deemed to be too modest; (b) **inadequate respite and related services** to support carers, with just 1 015 subsidized respite places available in 2019; and (c) **physical exhaustion and mental depression** faced by many carers because a quarter of them offered caring services to their relatives for more than 60 hours per week. All these have contributed to frequently reported tragic incidents involving carers in recent years.

1.2 At the request of Hon LEUNG Che-cheung, the Research Office has completed a research task on policy support to carers in six selected places known to have better practice. Half of these selected places are located in Asia-Pacific (i.e. Japan, Taiwan and Australia), and the rest in Europe/America (i.e. the United Kingdom ("UK"), Canada and Sweden). Relevant documents are organized into an information pack folder, with key observations highlighted below.

2. Policy support to carers in selected places

2.1 ***All the selected places have allocated more resources on long-term care ("LTC") and some even set up special system to handle it.*** Taking Japan as an illustration, it set up a dedicated LTC insurance system in 2000, half funded by the government and half by premiums paid by people aged over 40. With LTC insurance payouts amounting to 1.8% of GDP in 2017, the system helps create a large market of home-care services and reduce the burden of carers. For Taiwan, a dedicated LTC fund was set up in 2017, funded by earmarked taxes (e.g. estate and gift tax and tobacco tax) and government subsidy. For most of other selected places, LTC services are mainly financed through general taxation, taking up 1.3%-3.2% of their GDP in 2017, far higher than 0.5% in Hong Kong. With more resources devoted to LTC, carers in these places also receive more support.



2.2 More specifically, four selected places (i.e. Taiwan, Australia, Sweden and UK) have introduced **legislation to recognize the statutory right of carers to obtain all sorts of support services from the government** over the past decade.

2.3 Financially, **means-tested income supplement are provided to carers with full-time caring duties without quota restriction** in five selected places (except Japan). The monthly amount ranges widely from NT\$5,000 (HK\$1,280) in Taiwan to A\$1,822 (HK\$9,912) in Australia. Taking UK as an example, as many as 1.3 million or 20% of carers received such payment in 2018. In Sweden, some municipalities even pay home carers a full salary, but the uptake rate is low because people prefer to receive care services from the public sector instead.

2.4 **To encourage carers to stay in employment, statutory care leave of at least 13 weeks are provided to working carers in three selected places covered by social insurance.** Namely, such leave amounts to 93 days in Japan, 100 days in Sweden and 26 weeks in Canada. For Australia, there is care leave of at least 10 days annually, but it is paid by employers. Notwithstanding these statutory entitlements, take-up rate varies widely. While half (47%) of Australian carers reported using care leave in 2015, only 9% did so in Japan in 2017 due in part to their corporate culture and complex procedural requirements (e.g. need to provide medical proof). **Carers in the UK have statutory right to request flexible working since 2006**, though without statutory care leave.

2.5 **To relieve the physical and mental pressure faced by carers, a variety of respite care services (at home, day centres or care homes) are provided in all selected places.** For Japan and Australia, overnight in-home or neighbourhood respite services are also provided, which are particularly useful for those patients staying restless at night. Turning to entitlement, eligible persons can ask for annual residential respite services up to 21 days in Taiwan, 60 days in Canada, 63 days in Australia and 84 days in Japan. For in-home respite services, Sweden and Canada provide up to 25 and 40 hours of home help per month respectively, while Japan and Taiwan offer each eligible person a budget to purchase such services. These respite services can reduce carers' stress and delay the need for more costly permanent residential care.

2.6 **Other support measures include counselling and training services as well as enhanced information provision to facilitate carers to locate suitable services.** For instance, each care receiver is assigned a care manager in Japan for preparation of a dedicated care plan. In the UK, local authorities are required to provide need assessment for carers, with 27% of carers having such assessment in 2019.

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