

Legislative Council Panel on Welfare Services

**Evaluation Study of the
Re-engineered Neighbourhood Elderly Centres and
District Elderly Community Centres**

PURPOSE

This paper briefs Members on the major findings and recommendations of the evaluation study on the effectiveness and user satisfaction of the re-engineered Neighbourhood Elderly Centres (NECs) and District Elderly Community Centres (DECCs), and sets out the Administration's views on how to take forward the recommendations.

BACKGROUND

The re-engineering exercise

2. The re-engineering exercise, initiated by the Social Welfare Department (SWD), was launched in April 2003, to upgrade the then Multi-service Centres (M/Es) and most of the then Social Centres for the Elderly (S/Es) into DECCs and NECs respectively. The purpose of the re-engineering exercise was to enhance the roles and functions of elderly centres to provide holistic and integrated services comprising promotion of active and healthy ageing, counselling and case management, outreaching and networking support to vulnerable elders, development of volunteerism among elders, and support for carers to meet the challenges of an ageing population and the changing needs and expectations of elders. Another objective of the exercise was to build closer collaboration with other district stakeholders and a more structured cooperation and support network for the work of the elderly centres through tasking DECCs to take up the supportive and coordination role

in the relevant sub-districts to provide services to the elders with an integrated approach.

3. In implementing the re-engineering exercise, the Government had taken on board the recommendations of a consultancy study in 2000 which reviewed the services of the then S/Es and M/Es. The 2000 Study was commissioned by the then Health and Welfare Bureau, and conducted by the Centre on Ageing of the University of Hong Kong (HKU).

The Evaluation Study

4. The re-engineered NECs and DECCs are premised on a set of focused principles and values, namely community-based integrated services, partnership and co-operation, caring community, healthy ageing and empowerment, family responsibility, client-focused care, innovation, and effectiveness and efficiency. NECs and DECCs are expected to provide services and deploy resources to foster these principles and values. It is therefore crucial that we evaluate whether and to what extent the re-engineered NECs and DECCs have achieved these objectives. When SWD briefed the Legislative Council Panel on Welfare Services (the Panel) on the re-engineering exercise in January 2003, the Panel also suggested that SWD should conduct an evaluation study on the re-engineered NECs and DECCs.

5. Through tendering, SWD commissioned the Department of Social Work and Social Administration of HKU to conduct an evaluation study on the re-engineered NECs and DECCs in December 2005.

STUDY OBJECTIVES & KEY FINDINGS

6. The objectives of the study are:
- (a) to gauge the users' satisfaction on the services provided by NECs and DECCs;
 - (b) to examine the effectiveness of NECs and DECCs in meeting the principles and values of the re-engineering exercise; and

- (c) to identify factors facilitating/hindering NECs and DECCs in performing the enhanced roles and functions.

7. Surveys, focus group discussions, interviews, case studies and documentary reviews were used to collect the data for the study. The consultant interviewed 1 487 elderly members, 517 care-givers, 353 care receivers and 146 centre-in-charges (CICs) of all the re-engineered 110 NECs and 36 DECCs.

8. Generally speaking, the majority of the elderly members of the NECs/DECCs and the care-givers (over 85%) were satisfied with the quality of services provided by the re-engineered elderly centres. Also, the respondents at large were satisfied with the effectiveness of NECs/DECCs in achieving their expanded roles and functions. Most of the CICs considered that collaboration among NECs, DECCs and other district stakeholders had made diversification of services and activities possible. The study affirmed the effectiveness of NECs/DECCs in meeting the principles and values of the re-engineering exercise.

9. The study has also come up with various observations. For example, CICs were concerned about the difficulties for NECs/DECCs in meeting various output indicators as set out in the Funding and Service Agreement (FSA), including the requirement of organizing not less than 50 carer support programmes (such as mutual support groups, training and other activities) in a year. There was a general perception among the CICs that the existing space provision for and manpower constraints of NECs/DECCs had created operational difficulties to them, though the findings of the study did not support that space was a variable that had affected the overall service outputs. The consultant observed that there could be varying demand and popularity for the types of services in NECs/DECCs due to the variation in the community context. Also, they observed that there was room for improvement in the interface between DECCs and the Support Teams for the Elderly (STEs) in terms of information sharing and recording.

MAJOR RECOMMENDATIONS

10. Taking into account the findings and observations of the study, the consultant has made a number of recommendations to improve the operation of NECs/DECCs. The key recommendations are:

(a) Further diversification in services

The consultant considers that, while NECs/DECCs should continue to meet the social and recreational needs of the more vulnerable and less well-off elders, they should move into more diversified services, taking into account the district demand and supply of social and recreational activities. In particular, the consultant recommends that DECCs and NECs should, in closer collaboration with the Visiting Health Teams of the Department of Health, further strengthen their health promotion and prevention programmes with a view to cultivating an active and healthy lifestyle among elders in the community.

(b) Closer collaboration with the Hospital Authority (HA) on discharge planning to identify carers in need of support

Noting that NECs/DECCs have difficulties in meeting the FSA requirements relating to carer support, the consultant recommends closer cooperation between NECs/DECCs and Hospital Authority's (HA) hospitals in discharge planning so that there would be more referrals of carers looking for support from the latter. The consultant also recommends that, in anticipation of the increase in the number of carers requiring services from NECs/DECCs through referrals from HA, the carer support services (such as training and respite services) should be strengthened. The consultant proposed developing a pool of volunteer "elderly-sitters" who will provide relief to the carers as and when necessary.

(c) Provision of larger space and a more modernized setting

As it is inconvenient for DECCs and NECs to run programmes and activities with insufficient space, the consultant considers that provision of more space would help enhance the operation of DECCs and NECs. Also, the consultant considers that a more modernised physical setting and a more enriched service content would help attract “young olds”, who are an important human asset to NECs and DECCs in bringing in new perspectives and ideas. They can also be empowered to serve the community.

(d) Enhance manpower resources

It was observed that there were “substantial” staff turnover particularly in NECs. NECs/DECCs also face increasing workload in handling counselling cases, providing carer support and outreaching services to the vulnerable elders. The consultant proposed the addition of one social worker to each centre subject to the availability of funds.

(e) Harness social capital

The consultant considers that the efforts of NECs/DECCs in leveraging on social capital through collaborating with each others and with other community organisations have a positive impact on the services, particularly in providing seamless service to the elders.

(f) Enhance the flexibility of the FSA

To enable NECs/DECCs to develop innovative services, the consultant recommends that flexibility should be built in the FSA so that individual NECs/DECCs may adjust their priorities, taking into account the varying needs of elders in individual districts, and deploy their resources on services which can best meet the needs of the elders in the district while delivering the core services. Also, the consultant recommends the development of an annual planning process for NECs/DECCs to identify priorities for the coming year

so as to make proposals to SWD to adjust the FSA indicators as appropriate.

(g) Outreaching to vulnerable elders

The consultant recommends that the interface of the information system between DECCs and STEs should be strengthened while the outreaching and follow-up work on vulnerable elders, in particular “hidden elders”, can be modelled on practices of outreach services for youth. It would be necessary to consider the manpower implications and to develop guidelines for risk assessment for such practices.

11. A copy of the Executive Summary of the study report is at Annex for Members’ reference.

CONSULTATION

12. The consultant has engaged the existing operators of NECs/DECCs in the study. CICs of NECs/DECCs have participated in some of the focus group discussions. Also, the consultant has shared its findings and recommendations with the sector before finalising them.

13. We briefed the Elderly Commission (EC) on the findings and recommendations in December 2006. The EC noted the findings and considered that the consultant’s recommendations have addressed the issues identified.

RESPONSES

14. We welcomed the findings of the study, which confirmed that NECs/DECCs were effective in meeting the principles and values of the re-engineering exercise, and were effective in meeting the needs of elders.

15. We also agreed with the recommendations in principle. In fact, we have been moving along the same direction as proposed by some of the recommendations, such as identifying suitable premises for some NECs and DECCs to meet the enhanced schedule of accommodation, encouraging NECs/DECCs to strengthen their roles and work on promoting active and healthy ageing through collaboration with DH, and working with various DECCs to come up with tailor-made programmes to attract new members such as young olds.

16. Apart from the work set out above, we are also actively considering how to bring forward those recommendations which have resource implications both to NECs/DECCs, such as the proposals to strengthen carers' support and relief in the context of hospital discharge planning, and enhance the efforts to outreach vulnerable elders. We will also consider how to bring in greater flexibility to the FSA and will explore options with the NECs/DECCs.

ADVICE SOUGHT

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

Health, Welfare and Food Bureau
Social Welfare Department
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Executive Summary

Background

In 2000, the Health and Welfare Bureau (HWB) of the Government of the Hong Kong Special Administrative Region (HKSAR) commissioned the Centre on Ageing of the University of Hong Kong to conduct a review study on the provision of community care and support services to elderly people living in the community. The study recommended the development of community-based integrated services via the promotion of partnership and co-operation, caring community, family responsibility, healthy ageing and empowerment.

2. The re-engineering of community support services for elders was launched in April 2003, among which the centre-based services including all the then multi-service centres (ME) and most social centres (SE) for the elderly were upgraded to district elderly community centres (DECCs) and neighbourhood elderly centres (NECs) respectively. In this re-engineering exercise, the roles and functions of the DECCs and NECs were enhanced to serve elders living in the community.

Objectives of the study

3. The Social Welfare Department (SWD) commissioned the research team from the University of Hong Kong in December 2005 to conduct this study to examine the effectiveness of DECCs and NECs in performing the enhanced roles and functions to effectively meet the philosophy and values of the re-engineering exercise, to conduct user satisfaction survey on the services provided by DECCs and NECs, and to identify the facilitating and hindering factors of DECCs and NECs in performing the enhanced roles and functions. A total of 36 DECCs and 110 NECs were included in this study.

Methodology

4. This study adopts various study designs to gather qualitative and quantitative information, including:

5. General purpose focus groups – nine general purpose focus groups were conducted with participants representing centre-in-charges (CICs) of NECs and DECCs, support team for the elderly (STE) of the DECCs, Planning and Coordinating Team members and Agency Officers of SWD, social workers from medical social service teams, integrated family service centres, and community centres, health service professionals from elderly health centres of the Department of Health (DoH) and community geriatric assessment teams of the Hospital Authority (HA).

6. Case studies - 6 NECs, 6 DECCs and 4 Clusters were selected and in these case studies, a total of 16 focus groups (representing the CICs, centre members, elderly volunteers, and users of carer support services), and 78 individual interviews were conducted (including 16 CICs, 10 District Council members, 9 SWD District Social Welfare Officers or their assistants, 7 Home Affairs Department District officers or their assistants, and 10 Leisure and Cultural Services Department District Managers).

7. Surveys – Four surveys for members, carers, care-receivers and service operators of DECCs/NECs were conducted. For the member survey, carer survey and care-receiver survey, disproportionate stratified random samples were drawn from the lists of members and carers kept by 36 DECCs and 110 NECs. All the interviews were conducted either in their own homes or in their respective elderly centres subject to the preference of the respondents. A total of 1,487 members, 517 carer support service users and 353 care receivers were interviewed. The success rate of interview was 79% for this part of survey. For the service operator survey, a self-administered questionnaire was sent to all CICs of DECCs and NECs and a 100% response rate was obtained.

8. Documentary Review – the service performance statistics of the NECs and DECCs and a SWD internal report based on review visits and on-site assessments made to 19 DECCs and 35 NECs between April and December 2004 were reviewed to supplement the information obtained from surveys and case studies.

Profile of Service Users

9. According to the findings of the user survey, compared to the profile of elderly persons (aged 60 or over) in Hong Kong in 2006, there were fewer young olds (aged 60-69) among the members (44% in HK versus 24% among the centre members), more female (52% in HK versus 70% in DECCs and 75% in NECs), larger percentage without any formal education (28% in HK versus 51% among the centre members), and larger percentage living in public rental housing (39% in HK versus 52-53% among NECs/DECCs members).

Effectiveness of DECCs and NECs in performing the enhanced roles and functions

Members' evaluation

10. Users' satisfaction towards the various types of services provided by the centres (NECs and DECCs) was very high (ranging from 81% to 97% of respondents being satisfied or very satisfied with different types of services/activities). About 72% of the DECC members and 70% of the NEC members considered that the centre services could effectively meet their overall needs.

Carer Support Service Users' evaluation

11. The overall satisfaction of the carers towards the services of the centres was also very high, that is, over 85% of the respondents being satisfied or very satisfied with the services/activities. About 56% and 63% of the carers in DECCs and NECs respectively considered that the services could effectively meet their overall needs in care-taking. The care-receivers were relatively more positive towards the effectiveness of carer support services in reducing the stress of the carers. About 71% and 75% of the care-receivers in DECCs and NECs respectively agreed that the services were effective in releasing the carers' strains.

Centre-in-charges' evaluation

12. The CICs were positive towards the effectiveness of the service units in achieving the various roles and functions of the DECCs and NECs, with the DECC CICs being more positive than the NEC CICs. Ranging from 83% to 100% of DECC CICs considered that the various enhanced roles and functions were achieved with the exception of empowerment of the elderly in participating in community affairs (64%) and discussion in social policies (58%). On the other hand, ranging from 67% to 97% of the NEC CICs considered that the various enhanced roles and functions were achieved with the exception of providing outreaching services to the hard-to-reach elders (32%), and the empowerment of the elderly in participating in community affairs (34%) and discussion in social policy (21%).

13. The CICs were also very positive towards the various positive impacts of the re-engineering exercise on the service users and the centres, such as meeting the various needs of the elders because of service diversification. More NEC CICs than DECC CICs reckoned some negative impacts (e.g. reduced resources), however apparently many of the so-called negative impacts were more related to the issue of subvention (such as lump sum grant and various forms of efficiency savings) than directly related to the re-engineering exercise.

14. While the CICs found most of the output and outcome standards of the Funding and Service Agreement (FSA) relatively not difficult to achieve, carer support service was ranked high in the order of difficulties on both lists of DECC CICs and NEC CICs, i.e. overall 50% of the CICs considered this standard difficult to achieve.

Other Stakeholders' Evaluation

15. In general, the feedbacks from various stakeholders including interviewees and focus group participants from the Home Affairs Department, Department of Health, Schools, Leisure and Cultural Service Department, Hospital Authority, and District Councils were quite positive and their attitudes towards the re-engineering services, particularly in terms of the diversity of services and community collaborations were all very positive.

Overall Evaluation

16. With the overall satisfaction and positive feedback of the members, the carer support service users, the CICs of DECCs and NECs as well as other stakeholders on the service provision and the enhanced roles and functions of the DECCs and NECs after the re-engineering exercise, the research team considered that the DECCs and NECs have lived up to the philosophy and values of the re-engineered community support services for elders. DECCs and NECs should continue to build on the philosophy and values to meet the multifarious and changing needs of elderly in the community though further service improvement should be continued.

Highlights of Issues on the Enhanced Roles and Functions of DECCs and NECs

Social Recreation Programme

17. One of the major characteristics of the re-engineering exercise is the diversification of roles and function of DECCs/NECs, which would imply a shift from the social recreational programmes to other types of programmes. Many service users participated in the focus groups of this study expressed the wish that more social recreational services could be organized.

18. The research team considered that DECCs and NECs should maintain the role of meeting the social recreational needs of the elderly, in particular those of the more vulnerable elders. However, in vicinities where there was plenty of supply of such social recreational activities, e.g. by the District Council members and other service providers, the demand for the NEC/DECC to provide social recreational activities would be reduced, whereas in some neighbourhood, such role of the NEC/DECC could not be reduced. As such, it would be an issue to be addressed in dealing with the flexibility of the FSA to take into account the variation in the community context of different service units.

Active Aging and Health Programmes

19. We considered that the DECCs and NECs should further strengthen their programmes and activities along the direction of WHO to cultivate an active and healthy life for elderly in the community.

20. While there was a general trend of increasing collaboration between DECCs/NECs with the health sector including the hospitals, the research team recommended the functions of the NECs/DECCs in healthy aging be strengthened, particular in terms of promotion of healthy life styles, screening of health risks and prevention.

Carer Support Services

21. In this study, over half of the DECC and NEC CICs found it difficult to meet the FSA requirements related to the carer support programmes. We noted that if collaboration with hospitals in discharge planning could be improved, it would not be difficult for DECCs/NECs to recruit carers who would need support and assistance. However, if this area of collaboration were to be strengthened, we would expect a quite significant increase in workload. Also, the availability of home-based training services for carers would be crucial.

22. We noted that the present profile of carers were primarily spouse and persons who were not in employment, and that many carers owing to the need of staying at home to look after the care-receiver would find it difficult to join training programmes organized by the service unit. One possible area of exploration would be the provision of volunteer “elderly-sitter” services that can take care of the elderly at the time when the carers are attending programmes. Other forms of respite services could also be explored.

Factors Affecting the Utilization of Services

23. Consistent with our common understanding that the number of elderly living in the neighbourhood of the NEC (but not so much for DECC) and the accessibility of the centre would have an impact on the number of members and possibly the attendance rate. Other factors would be related to the socioeconomic background of the community and the availability of various resources.

Space and Physical Setting

24. Other things being equal, the increase in space would ease the inconvenience that some service units had encountered in running programmes. More specifically, the availability of rooms for providing counselling service would be an obvious advantage. We noted that while the issue of space was applicable to both NECs and DECCs, the problem for NECs was more apparent.

25. The idea of modernizing the elderly community service units was raised from time to time. However, as many centres, particularly NECs, are still rather under-provided in terms of space, the best strategy would be to relocate them to large premises. Continuous improvement in the centres’ physical setting as well as enriching the service content are deemed necessary in attracting young olds, especially in empowering them as an important human capital to serve the community.

Human Resources

26. The issue of turnover of social work staff was mentioned several times in the focus group meetings with the service users and service operators. We noted some substantial turnover in social work staff from the data provided by the NECs. Turnover would inevitably affect the quality of service. As the economy picked up in the past two years, we would expect that turnover rate might probably increase unless the management of the NGOs took actions to remedy the situation.

27. “The Consultancy Study on the Review of Day Care Centres, Multi-service Centres and Social Centres for the Elderly and Development of Integrated Care Services for Elders”¹ recommended that in view of the increasing ageing population, except in green fields, instead of opening new service units, additional funding should be provided to the existing service units to expand their service capacity in meeting the increasing demand in the neighbourhood and in the district.

28. The research team still considered the above recommendation valid. As discussed in the focus groups of this study and when we examined the service statistics in 2004-05 and 2005-06, the increase in the caseload for counselling was a matter of concern. If some of the recommendations of this study was taken into account, such as better collaboration between hospitals and DECC/STE, the caseload would be expected to increase substantially. We noted that the manpower was already stringent in both DECCs and NECs in view of the ageing population and the increased service demand in carer support services, outreaching and networking of STEs under DECCs, and collaboration with other stakeholders. To ensure continued effectiveness of service provision to meet the multifarious needs of elderly, we considered it justifiable to support an additional social worker for each centre subject to the availability of funding.

29. It was brought up during the study that the diversity of the services had created considerable difficulties to NECs, in particular, those with limited number of staff. Such support can be provided within the district, within the NGO, or in the social welfare sector as a whole, such as training organized by the SWD, Hong Kong Council of Social Services, Hong Kong Social Workers Association, Hong Kong Social Workers General Union, and other academic institutions. In view of the relatively high turnover rate in NECs, this issue of adequacy of training should be addressed.

¹ Study commissioned by the then Health and Welfare Bureau (2000) and conducted by the research team at University of Hong Kong.

Social Capital

30. On one hand, most CICs of both DECCs and NECs agreed that spending more time in coordination and collaboration would reduce the time spent in the centre and thus would have less direct contact with the centre members. On the other hand, one clear finding that stands out in the case studies centered on the concept of social capital. Centres which have a good social network with the neighbourhood, the local organizations and other service providers in the community, or having a good support network within the NGOs would perform better in terms of service utilization rates. Furthermore, most DECC CICs and the majority of the NEC CICs agreed that “diversification of services and activities are made possible through collaboration”, “the social network of elders in need is extended through collaboration with other service units”, and “centre can provide hard-to-reach elders with out-reaching services through collaboration with other service units”.

31. Thus, we can conclude that on the balance, the efforts spent in community collaboration have a net positive impact on the services. Moreover, we understand that better coordination and more collaboration was an indispensable part if we want to provide seamless service to the elderly in the community.

Issues of the FSA

32. We noted that there are substantial variations in utilization statistics across service units and across different output indicators within service unit, and there are a number of items that DECC and NEC CICs found them difficult to achieve, though they managed to meet the minimum requirements, e.g. carer support services.

33. On the other hand, in considering the future directions for modifying the FSA, we should consider several important principles, namely, meeting the different needs of the different communities, accountability in the use of public resource, and the development of expertise in different service units.

34. The research team recommended the following directions in designing the output and outcome indicators of FSA:

- (a) Some of the output and outcome indicators were considered to be difficult to the majority of the service operators. There may be a need to discuss and arrive at more realistic numbers.
- (b) The issue of community variation and priorities in terms of needs can be addressed in the current district planning and coordination process, for example, by the district coordinating committees and the SWD district offices.
- (c) Annual planning process and FSA – As required by the Service Quality Standards, an annual planning process for each service unit would be conducted with priorities or emphasis of work in the subsequent year identified and spelt out. Thus, it would also be possible that in this planning process, the service units can make proposals to adjust the FSA activities if necessary.

- (d) Defining minimum – The research team recommend that to foster a trust relationship between the SWD and NGOs, the minimum requirement can be pitched at a certain percentage of the average, e.g. 80% coupled with a mechanism to adjust such level on an individual basis justified by the community planning, coordination process and the annual planning process discussed above.
- (e) Resource implications for demonstrating that service units had met FSA requirements – It is always important to strike a right balance in the deployment of resources between monitoring and service provision. One issue raised in the process of the study was related to the requirement of conducting an annual survey of 30% of the members to assess the level of satisfaction towards service. A review on the future direction on conducting the user satisfaction survey would be required in order to better utilize the manpower resource in this area.
- (f) Centre attendance and programme attendance – At present, members participated in activities organized within the centre would be counted both in the attendance of the centre and attendance of the programmes. However, if the programme was organized outside the centre, there would be no counting on the attendance of the centre. This, in some way, discourages the centres to organize activities outside the centre. To neutralize the negative impact of the above, the research team recommended counting the participation in in-door programmes outside the centre as attendance of the service unit.

Support Teams for the Elderly (STE)

35. The interface between the STE with the DECC and other services can be strengthened. We also noted that while the STEs have a standardized software, such software has no interface with the existing databases of DECCs and NECs, if they existed at all. Thus, this issue of interfacing of information system should be examined in the future.

36. From a brief review of the present assessment form, the research team found that some areas of improvement could be made. The research team would recommend that the form should be reviewed together with the examination of the possible improvement of interface of the STE and other service units.

37. At present, during the outreaching work of the STE, when the elderly person refused services, their information, even if they appeared to be living alone and vulnerable, would not be captured in the present system. With due regard to personal data protection principles, it would still be important to consider that such data should also be captured in some way to give us a better understanding of the general profile of vulnerable elderly living in the community. Apparently, this would involve a review of the software system and some of the operational procedures of the STE.

38. There were cases where the elderly person would refuse service when first approached by the STE. The research team recommended that similar practice of outreaching service for young people in identifying some of the youths at risk as “potential clients” should be considered in the context of the STE. In the case of outreaching to the elderly person at risk, it is also possible that after a few more contacts and the building up of rapport, the “reluctant” elderly person might be more willing to receive service. However, it would be necessary to consider the manpower implications and to develop guidelines for risk assessment for such practices.

- End -