

**LEGISLATIVE COUNCIL
PANEL ON WELFARE SERVICES**

Pilot Scheme on Home Care Services for Frail Elders

Purpose

On 8 March 2010, the Government briefed the Legislative Council Panel on Welfare Services (the Panel) on the “Pilot Scheme on Home Care Services for Frail Elders” (Pilot Scheme). This paper is to report to Members the latest progress of the Pilot Scheme and the way forward.

Background

2. As announced in the 2010-11 Budget, the Government will earmark \$55 million under the Lotteries Fund to implement a pilot scheme which aims to provide a new package of home care services for elders waiting for nursing home (NH) places, to better serve their special needs and help relieve the pressure on their carers, thereby encouraging elders to age in place.

3. In view of the relatively large elderly population in Kowloon, this Pilot Scheme will invite elders who are residing in the region (covering Wong Tai Sin, Sai Kung, Kwun Tong, Yau Tsim Mong, Kowloon City and Sham Shui Po districts) and waiting for NH places to participate.

Collection of views and suggestions

Expressions of Interest submitted by service operators

4. To ensure that the Pilot Scheme could tailor to the needs of elders, on 31 March 2010 the Social Welfare Department (SWD) invited potential service operators to submit Expressions of Interest on a no-commitment basis and to comment on the service content and model. A list of the 13 operators which have offered suggestions is at [Annex](#).

5. On service model, many service operators suggested adopting a “case management” approach, whereby each case would be handled by a designated case manager who would determine the types and frequency of services required according to the elders’ actual needs and physical conditions, so as to enhance service flexibility. Besides, there were views that services should be provided

by a multi-disciplinary team (including social workers, nurses, physiotherapists and occupational therapists, etc.) to enhance diversity.

6. On service content, as the clients would be severely frail elders (i.e. requiring nursing level of care), many organisations were of the view that the care elements of the services (such as professional care services and drug management, etc.) and the support for carers should be enhanced. Other new recommendations included strengthening the support for elders at the neighbourhood level, provision of 24-hour emergency support service, transitional residential care services after hospital discharge and education about life and death, etc.

Views from service users

7. While gauging views from the operators, SWD also collected data of severely frail elders from the 24 existing Enhanced Home and Community Care Service Teams during the period between March and April 2010, so as to better understand their service needs and those of their carers. The key results are as follows:

- Most of the service users (56%) were over 80 years old;
- All service users had the support of carers who were mainly full-time domestic helpers (59%), spouses (20.3%) and their children (17.4%);
- The most popular services used by more than 90% of the service users were nursing care services, occupational therapy, environmental risk assessments and home modifications, and rehabilitation exercises.

8. Besides, SWD interviewed some of the service users and carers to collect their views on the existing services. Their responses are as follows:

- All of them indicated that home-based community care services were very useful to them;
- Of the elders interviewed, about 50% were waiting for residential care services, and 60% of them said they would not move to residential care homes even if they were allocated a subsidised place immediately;
- About half of the interviewees considered professional care services (e.g. visits and consultation by nurses, assistance in

changing nasogastric tubes, wound care, etc.) and rehabilitation exercises and training the most useful services.

9. The above interview results showed that most elders who opted for home-based community care services and required nursing level of care wanted to continue staying at home. Besides, whether the elders would opt for personal care services (such as meal delivery, bathing, home cleaning, escort and medical appointment escort services, etc.) were usually related to the physical condition and ability of their carers.

Service model and content of the Pilot Scheme

10. From the data and views collected, we consider that the Pilot Scheme can be tackled on three fronts: first is to adopt a case management approach to provide “tailor-made” services for the elders; second is to cater for the needs of carers and enhance their care capability; third is to strengthen mutual assistance in the neighbourhood so as to provide, through the community network, support to elders as they age in place.

(a) Adopting an elderly-oriented case management service approach

Since the physical condition, support from carers and home environment of individual elders are different, the types and frequency of services they require also vary. Hence, a case management approach should be adopted for the provision of services under the Pilot Scheme. The responsible case manager and his multi-disciplinary team will draw up a personal care plan (including the types and number of hours of services) for each elder having regard to his actual conditions. This will effectively integrate different types of services and provide elders with the most comprehensive care. The team should also review and update the details of the care plan on a regular basis to ensure that the elder is provided with services suiting his possibly changing physical conditions and the needs of his carer(s).

The role of case manager should be taken up by the professionals (e.g. social workers, nurses, physiotherapists or occupational therapists) in the service team. Since they provide services to the elders direct, they know best the needs of the elders. To tie in with the elderly-oriented service approach, we will consider minimising the restrictions on the number of service hours to enhance service flexibility.

(b) Strengthening support for family members and carers of elders

SWD's survey showed that most elders who resided at home and required nursing level of care were living with their major carers (including full-time domestic helpers, aged spouses or their children). This means carers play a crucial role in supporting elders who age in place. Therefore, in designing the service model and content under the Pilot Scheme, we should look at the needs of the elders and their family carers as a whole, so as to maximise the care capability of the carers, instead of allocating services to elders only according to their physical conditions and care needs.

Support for carers should include teaching them basic nursing skills, providing respite or temporary care service for the elders as well as emotional support and counselling, etc. When designing the service content, the needs and conditions of their carers should also be considered. Cases of "co-residing elders" or elders whose major carers are family members aged over 65 are more in need of support in daily activities (e.g. assistance in the purchase of household items and home cleaning service) than cases with young carers. As for cases of elders with domestic helpers, there may be a greater need for training in elderly care and communication skills. We may also consider inviting family members and carers of the elders to participate in designing the personal care plan and monitoring service implementation.

(3) Strengthening neighbourhood networks to support elders and their families

For an elder to be able to age in the community, he needs not only the care of his family, but also support from his neighbours and the local community, which is very important. Mutual assistance and care among neighbours render backup support to the elders who live at home, and help relieve the pressure faced by their carers. For this reason, we hope that more of this support can be provided under the Pilot Scheme. For example, service providers can organise neighbours or local people to be volunteers to visit the elders regularly.

Way forward for the Pilot Scheme

11. SWD is drafting the service details of the Pilot Scheme. It is expected that eligible operators will be invited to submit formal service proposals in August this year, with a view to commencing service in early 2011. The Pilot Scheme will last for three years, serving about 510 elders in total. We will conduct an interim review for the Pilot Scheme and an overall review upon its completion.

Advice sought

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

**Labour and Welfare Bureau
Social Welfare Department
July 2010**

Organisations that submitted an Expression of Interest

1. Christian Family Service Centre
2. Haven of Hope Christian Services
3. Hong Kong Council of Social Services
4. Hong Kong Sheng Kung Hui Welfare Council
5. Po Leung Kuk
6. Senior Citizen Home Safety Association
7. Sik Sik Yuen
8. The Neighbourhood Advice-Action Council
9. The Salvation Army
10. Tung Wah Group of Hospitals
11. Yan Chai Hospital Social Services Department
12. Yang Memorial Methodist Social Services
13. Yuen Yuen Institute