

The Chinese University of Hong Kong The Nethersole School of Nursing

Cadenza Training Programme

CTP005: Community and Residential Care for Older People

Chapter 2: Policies and services governing social and health issues for older people and their family members

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Lecture Outline

1. Review of elder care policies and services in Hong Kong
 - ê financial support for older persons
 - ê housing for older persons
 - ê welfare for older persons
 - ê Health care for the older persons
2. Long term care policies and services in Hong Kong
 - ê community support services for older persons
 - ê residential care services for older persons
3. Future challenge and development of the elderly services

Care for Older People

Health Care

Social Care

Acute Care

Provides treatment to patients in acute stages of illness

Residential Care

Provides medical rehabilitation to elders in institutional or community care settings

Centre based services
Home based services
Residential services

Primary level

First point of contact with healthcare system for elders & families

Aims to improve health & prevent hospitalisation

Tertiary level

Patients requiring highly complex & specialised care

Secondary level

Receipt of specialised hospital care through referrals from primary care practitioners

(Hospital Authority, 2008)

The development of Elderly Service

As of 1977, the elderly service system in Hong Kong was still in its infancy. The government had only a few elderly centers and day care centers. The elderly were largely dependent on family support.

By 1997, the elderly service system had become more comprehensive. The government had established the Elderly Commission and the Elderly Services Commission. The elderly were no longer dependent on family support.

1977

1991

1997

The white paper of social welfare shows the concerns for elderly service

Setting up of elderly commission

2000

2009

2011

Establishment of Mandatory Provident Fund

Elderly commission's study on Residential care service for the older people

Elderly Commission's study on Community care service for the older people

Launch of Pilot Scheme for the Frail elderly in the community for three years

Review of elder care policies in Hong Kong

- Report of the Working Party on the Future Needs of the Elderly in 1973- start to assess their needs and plan ahead for service provision
- First policy paper to state that government should have a role in caring for older persons
- Before this policy paper, care for older persons was a *family matter* and government had *no obligation*
- In 1977, government announced the green papers on the elderly services

Review of elder care policies in Hong Kong

- In 1991, *Social Welfare into the 1990s and Beyond*, focus on the infrastructure of the service implementation and coordination
- SWD responsible for monitoring, coordinating the implementation and delivery of social welfare services to the older persons
- Health and Welfare Branch of the Government Secretariat coordinated the policy towards achieving the White Paper objectives

Review of elder care policies in Hong Kong

- In 1993, a Working Group on Care for the Elderly was formed to conduct a general overview of services for older persons and to advise on the formulation of a strategy for the development of future policies and services for the older persons
- A report was published named "Report of the Working Group" to articulate the concepts important for the delivery of elderly services

Review of elder care policies in Hong Kong

- In 1997, "Care for Elders" as one of the major policy objectives
- Established the Elderly Commission (EC) to provide advice to the Government on policies and services for the older persons
- To achieve "a sense of security, a sense of belonging and a feeling of worthiness for the older persons"

Review of elder care policies in Hong Kong

- In 1997, *Services for the Elderly*, Green Paper on Social Welfare was published
- The philosophy based on assisting older persons to **live in the community** for as long as possible
- Reaffirmed the policy in 1991 White Paper, *Social Welfare into the 1990s and Beyond*
- Form the basis of current service provision in Hong Kong

Review of elder care policies in Hong Kong

- In 1997, Elderly Commission was formed, under the Health and Welfare Bureau (HWB).
- Consists of official members from the Health and Welfare Departments, Housing Bureau and Education and Manpower Bureau; non-official members include businessmen.
- Aims: to oversee, coordinate and recommend policies to the government on older persons' care.

Care for Elders

- In 2000, the "*Care for Elders*" policy set out 5 key targets:
 1. provide retirement protection and other financial help
 2. increase the supply of housing and encourage the development of purpose-designed housing for older persons
 3. enable older persons to continue to live at home
 4. increase the supply of quality residential care places under a mixed mode of service provision with more private sector participation
 5. encourage older people to lead an active life

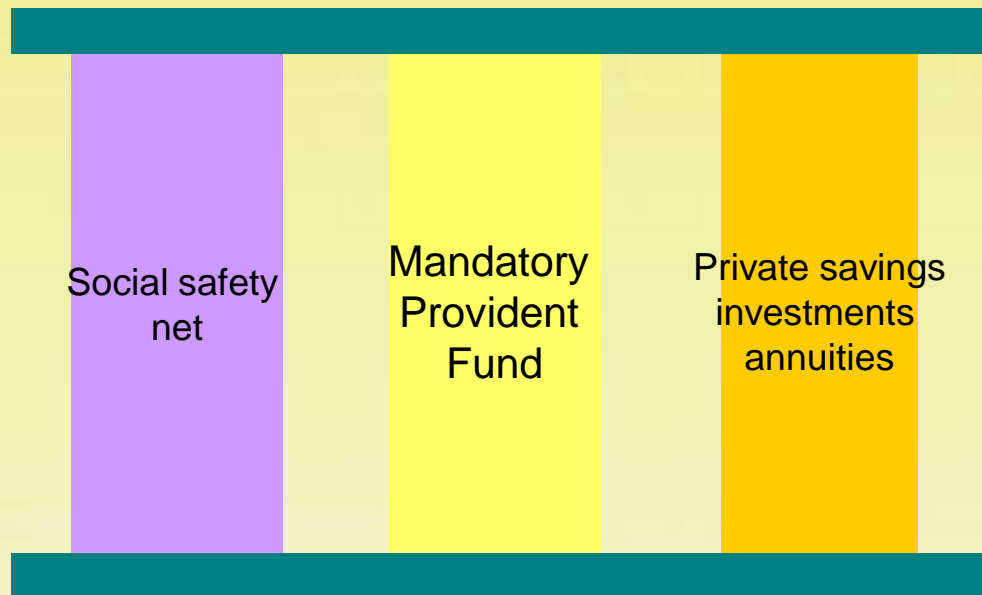
(Abstract from Care for Elders: Policy Objective for Health and Welfare Bureau, 2001)

Areas of focus

1. Financial support
2. Housing allowance
3. Long-term care service
 - home and community care
 - residential care
4. Active and healthy ageing

Financial support for older persons

- Implement a sustainable financial support for old age, with reference to the "*Three Pillar Approach*" taken by the World Bank.



Three pillar approach

- *First pillar* – privately managed compulsory pension plan for income maintenance (MPF).
- *Second pillar* – compulsory public plan for poverty alleviation and prevention (CSSA & SSA).
- *Third pillar* – voluntary savings (supplements the above two pillars to provide additional retirement income).

Mandatory Provident Fund(MPF)

- The Mandatory Provident Fund was established in December 2000
- For aged over 18 to 65 working population
- Mandatory contribution for 10% of total salary (5% each for employee and employer)
- Could only withdraw the lump sum at the retired aged of 65 years old.

Comprehensive Social Security Assistance Scheme (CSSA)

- The CSSA Scheme is designed to bring the income of such individuals and families up to a prescribed level to meet their basic needs.
- A means-tested for the applicants.
- Over 56% of the CSSA recipients were elderly in the year of 2012.
- In 2007-08, the total actual expenditure of SWD was \$34.0 billion. Of the \$34.0 billion, \$24.2 billion (71%) was for financial assistance payments

Social Security Allowance Scheme

- Normal Old Age Allowance: \$ 1,090 (with means-tested)
- Higher Old Aged Allowance: \$ 1,090
- Normal Disability Allowance: \$ 1,395
- Higher Disability Allowance: \$ 2,790
- To provide a monthly allowance to Hong Kong residents who are severely disabled or who are 65 years of age or above to meet special needs arising from disability or old age.

Needs assessment from the doctors

Housing for older persons in Hong Kong



Better housing for older persons

- Hong Kong Housing Authority mainly provides subsidized public housing.
- It provides different categories of complementary housing at a reasonable rate.

The current situation of Housing of the older persons

- According to the 2001 census, about 39.8% of the elderly(398,424) live in Public Rental House.
- 13.5%(135,058) live in their bought subsidized sale flats.
- Among the 42.6% elderly people living in private accommodation, 73.8%(314,816) live in their self-owned apartments while the remaining 14.9%(63,761) in their rented accommodation.

Housing policies for older persons

- Previous housing policies were largely based on 3 perceptions:
 - older persons should live in a family
 - older persons should live in the community and enter an institution as the last resort
 - housing is a form of welfare and should only be provided for those not able to satisfy their needs in the private market
- There is a rising trend of older persons living on their own due to an increase in nuclear families in Hong Kong.

Housing policies for older persons

- Age segregation in urban structures has increased.
- Hong Kong's speculative housing market stimulates home-ownership, and has encouraged offspring to live in separate households to older parents.
- Housing Department only considers accommodation and few health/social services are provided to achieve "*Housing with care.*"

Housing policies for older persons within social contexts

- Beginning in 1980s, housing policy gave public housing applicants incentive to live with their elderly relatives by advancing their waiting time.
- Specific measures designed to allocate priority to older persons' households include:
 - Elderly Persons Priority Scheme
 - Families with Elderly Persons Priority Scheme,
 - Special Scheme for Families with Elderly Persons
 - Single Elderly Persons Priority Scheme

Housing policies for older persons within social contexts

- “Care in the community” approach was interpreted to mean that services should be aimed at enabling older persons to live in the community as long as possible.
- “Ageing in place” replaced this approach in 1994 and suggested appropriate support should be provided for older persons and their families to allow older people to stay at home.

Housing policies for older persons – for the middle income group

- The Senior Citizen Residences Scheme (SEN) is for middle income group with the “long lease” arrangement. It incorporates with the concept of integrated health care system housing.
- SEN --- Jolly Place (2002)
--- Cheerful Court (2003)
- Joyous Living --- Tanner Hill Project (2015)
--- Wetland Park Road
Project (to be confirmed)

Welfare services for older persons In Hong Kong

Welfare services

Labor and Welfare Bureau (LWB) – **formulates** the social welfare policies



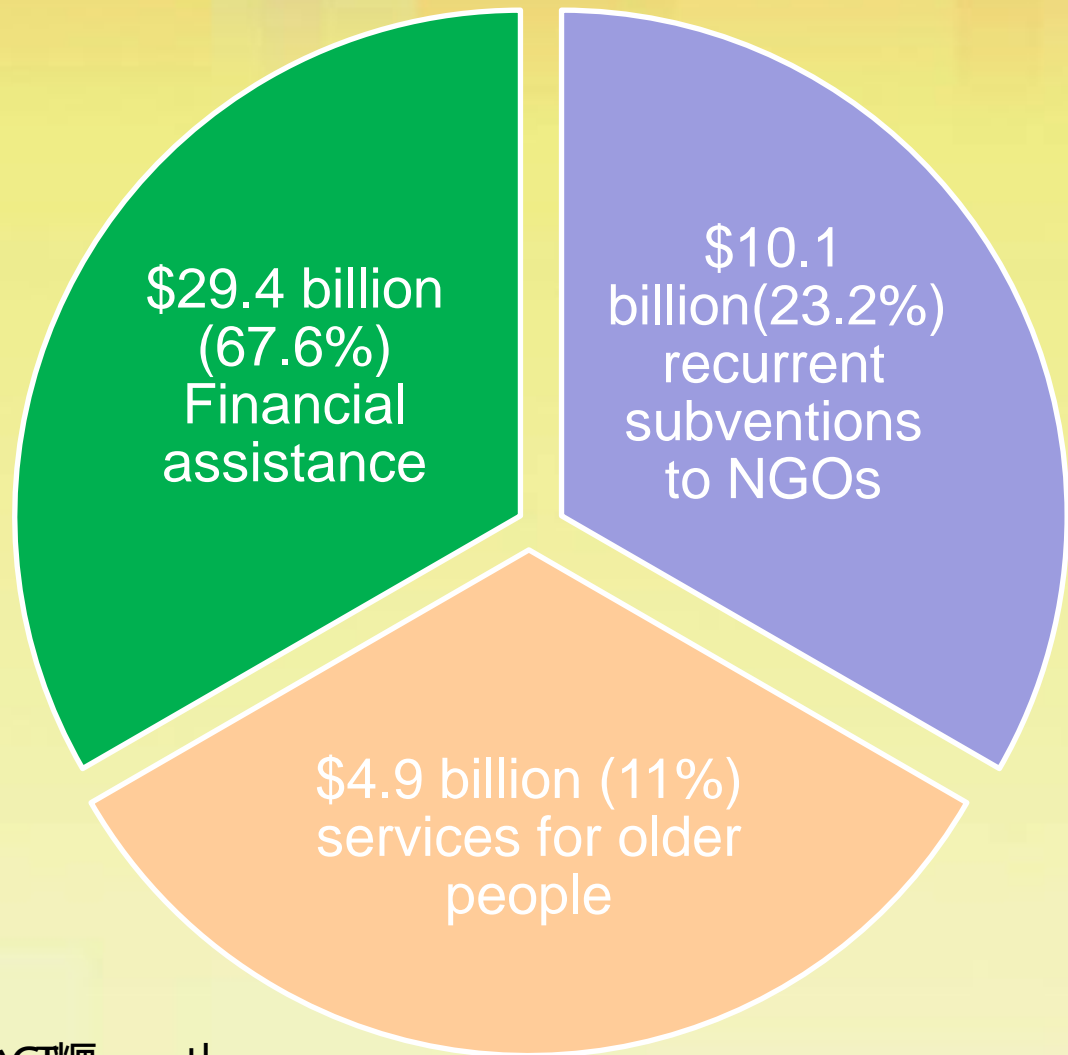
Social Welfare Department (SWD) – **implements** the social welfare policies



Elderly Commission (EC) – **gives advise** on the welfare policies

Current situation of welfare services

- In the year of 2012-2013, total expected recurrent expenditure of SWD was **\$43.5 billion**



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Current situation of welfare services

- “*Opportunities for the Elderly Project*” is run continuously by community organisations and subsidised by government grants.
- Senior Citizen Cards entitle users to concessions, discounts and priority services at various companies, organisations and government departments.



Current situation of welfare services

- Elderly Commission was launched in 1997.
- EC's four major strategic directions are:
 - promoting personal responsibility
 - strengthening community action
 - creating a supportive environment
 - improving the image of ageing

Current situation of welfare services

- The Elderly Commission (EC) expanded its Elder Academy (EA) Scheme to cover a total of 78 primary and secondary schools.

Please visit EC website at

<http://www.elderlycommission.gov.hk> for further detail

Abstract from the Elder Academy webpage :
<http://www.elderacademy.org.hk>

- Pilot Neighbourhood Active Ageing Project (PNAAP) is a 2-year neighbourhood support project for older persons.

Current situation of welfare services

- LWB + SWD + EC promote a series of programmes to address the following:
 1. promote neighbourhood support
 2. detect and prevent elderly suicides
 3. detect and prevent elder abuse
 4. psychosocial well-being of older persons

Current situation of welfare services

Active and Healthy Ageing:

- ageing is a process of change in our biological and psychological states and social relationships
- natural part of life
- disability and ill health in later life are preventable
- encourage health promotion and maintain health

Older persons' health care policies and services in Hong Kong

Older persons' health care policies and services

Food and Health Bureau

- forming policies and allocating resources for healthcare services

Department of Health

- Implement healthcare policies and statutory functions

Older persons' health care policies and services

- Hospital Authority (HA) provides public hospitals and related services
 - medical treatment
 - rehabilitation services
 - specialist clinics
 - general out-patient clinics
 - outreach services
- The Health and Medical Development Advisory Committee (HMDAC), chaired by the Secretary for Food and Health, review and monitor health care services regularly.

Older persons' health care policies and services in Hong Kong

Healthcare Reform

- In July 2005, the HMDAC issued a discussion paper on the future healthcare services which contained several proposals. Key recommendations were:
 - putting more emphasis on primary healthcare services and promoting the family doctor concept
 - strengthening collaboration and co-operation between public and private sectors
 - caring for older persons, patients with chronic diseases and patients in the rehabilitation stage in the community
 - making use of information technology to establish an e-patient record system

Older persons' health care policies and services in Hong Kong

- Issued in 2012, the Hospital Authority Strategic Service Framework for Elderly Patients will guide the development and provision of HA elderly services over the next five years.
1. Develop multi-disciplinary integrated elderly service across the continuum of HA care.
 2. Promote patient-centred care and engage patients and their carers as active partners in their healthcare.
 3. Greater collaboration with partners involved in elderly care outside of HA.
 4. Enhance HA workforce capacity and engage staff.
 5. Develop quality, outcomes-driven HA elderly Services.

Older persons' health care policies and services in Hong Kong

Primary Care

Private Doctors
56%

Public
Doctors
24%

Chinese
Medicine
Practitioners
20%

Secondary & Tertiary Care

Hospital Authority 92.8%

Private
Doctors/
Hospitals
7.2%

Extended and Long Term Care

Hospital Authority 100%

Primary Healthcare services for older persons

- To provide direct health care and related services to older people living in the community.
 - *Elderly Health Centres (EHCs)*: provide preventive and curative services.
 - *Visiting Health Teams (VHTs)*: disseminate information on healthy ageing, provide support and training to carers, and provide vaccinations for elderly people living in residential homes.
- Priority attention at general out-patient clinics for medical consultations and dispensing services.

Primary Healthcare services for older persons

- In 2009, the Elderly Health Centres recorded 38,676 enrolments and 276,875 attendances for health assessment and medical consultation.
- 279,523 clients contacted visiting health teams and received health education.
- Total of 12,440 sessions were served for health promotion activities.

Secondary and Tertiary Healthcare Services

- Mainly provided by Hospital Authority
- The total medical and health expenditure was \$84.39 billion in the year of 2008/09, compared with the amount of \$74.35 billion in the year of 2006/07, an increase of 13% was notified.
- Also, the average cost of per people was increase from \$10,844 to \$12,129.
- As at end December 2010, the number of hospital beds were about 35 500, comprising 26 981 beds in 38 public hospitals under the HA, 3 946 in 13 private hospitals, 3 803 in 41 nursing homes.

Secondary and Tertiary Healthcare Services

The service statistic of the Hospital Authority

General Out-patient Clinics -- 2009/10: 4,700,543

-- 2010/11: 4,979,754

(Aged 65+ group account for 37.5% of the total patients at the GOPC)

Specialist Out-patient Clinics -- 2009/10: 6,392,410

-- 2010/11: 6,630,190

(Aged 65+ group account for one of third of the total number of patients at the SOPC)

Secondary and Tertiary Healthcare Services

- In the year of 2010, the relative risk of an elderly person, aged 65 years or over, being hospitalised is about 4 times that of a non-elderly person, aged less than 65 years.
- in 2010 non-elderly people aged less than 65 years required 1.3 beds per 1,000 population. However, for elderly people aged 65 years or over the bed requirement was 11.8 beds per 1,000 population, eight times greater than that for non-elderly people.
- Projection to 2016 suggests that under the current service delivery model, for every 1 bed increase for the non-elderly population aged less than 65 years, the elderly population aged 65 years or over will require 20.2 beds

Extended and Long Term Care

- Palliative Care Service Centre: 11 centres
- General Infirmary Service: 14 centres

Total number of served patients in the rehabilitation and palliative care service in the year of 2010/11 was 80,353

Older persons' health care policies and services in Hong Kong

- **Problems:**
 - Insufficient primary health service
 - Long waiting list of the Specialist Out-patient Clinics
 - Dental medical not being recognized into the public medical network
 - Insufficient service for Post stroke rehabilitative treatment

Long Term Care Services for Older Persons In Hong Kong

Current system of long-term care services

Long-term care consists of:

1. residential care
 2. home /community-based care
- In line with with Hong Kong policies of:
 - “ageing in place”
 - “community care”

Home/ Community support services

Objectives:

- assist older persons to remain living in the community for as long as possible
- give support to carers by providing a wide range of community support services

(Social Welfare Department, 2012e)

Home and community care and support for frail older persons

- Consultancy study on the provision of day and community care services made the following recommendations:
 - integrated care services
 - access to care services
 - proper manpower training

Home and community care and support for frail older persons

Re-engineer care services for older persons to put greater emphasis on home and community care and enable more older persons to age at home.



home help teams upgraded in 2002/03 to **integrated home care services** and now provide enhanced services to more older persons with higher levels of frailty living at home.

Home and community care and support for frail older persons

- Enhance support for family caregivers to enable them to take more effective care of their older relatives



expanded **respite service** in 2001/02 by incorporating respite support into all new residential and home and community care services.

Respite services for older persons

1. Day respite services

http://www.swd.gov.hk/en/index/site_pubsvc/page_elderly/sub_csselderly/id_dayrespite/

2. Residential respite services

http://www.swd.gov.hk/en/index/site_pubsvc/page_elderly/sub_residentia/id_respiteser/

(Social Welfare Department, 2012c,i)

Residential Respite Services (RS)

- Apart from the 11 designated C&A respite places, residential RS has been implemented in ALL subvented RCHEs and contract homes through casual vacancies.
- Residential RS in Nursing Homes (NH), including those in contract homes, was effective from April 2003 and implemented through casual vacancies.
- All EBPS homes provide residential respite service by using casual vacancies of subsidised places with effect from 1 March 2012.

Home and community care and support for frail older persons

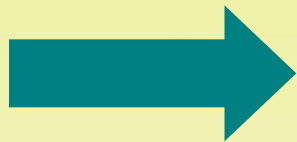
- To expand multi-skilled training for care workers in elderly services; e.g., enhance services for older persons with dementia.



Training provided to care workers, home helpers and professional staff serving the older persons with dementia in different units.

Home and community care and support for frail older persons

- To promote care management among service providers to ensure services provided are tailored to the individual needs of the older persons.



The assessment/information obtained from the standardised care needs assessment tool serves as the basis for care planning.

Sustainable and quality residential care

- The quality of private residential care homes varies.
- All residential care homes for the elderly (RCHEs) (subvented, private, contract and self-financing non-profit-making) must be licensed. RCHEs require the approval of the Licensing Office of Residential Care Homes for the Elderly (LORCHE) to legitimise their operations.
- LORCHE also monitors and enforces statutory provisions under the Ordinance.

Sustainable and quality residential care

- Other incentives help to upgrade the service quality of private residential care homes above licensing standards, including:
 - Bought Place Scheme (BPS)
 - Enhanced Bought Place Scheme (EBPS)

Sustainable and quality residential care

- In 2003, the government encouraged provision of RCHE premises in new private developments.
- Eligible RCHE premises are allowed exemptions from payment for land transactions, land exchange and private treaty grants, etc.

Further information can be found in the following link

<http://www.swd.gov.hk/doc/elderly/gnote.pdf>

(Social Welfare Department, 2012j)

How many types of residential care services are provided?



Think about it and write them down.

Current types of residential care services in Hong Kong

Residential Care Services (RCS)

Hostel for the Elderly
(in respect of applicants
prior to 1 January 2003)

Home for the Aged
(in respect of applicants
prior to 1 January 2003)

Care-and-attention
(C & A) Home


Nursing Home
(N/H)



Care and attention places
providing continuum of care

From 2005-06, hostels for the elderly and homes for the aged have been converted into care and attention places to provide continuum of care.

Types of residential care services in Hong Kong

Level of care	Types of residential care	Service description
LOWEST 	Elderly Hostel	Provides communal living accommodation, organised programmes, and round-the-clock support to older persons who are capable of self-care.
	Aged Home	Provides residential care, meals and limited assistance in activities of daily living for older persons who are capable of personal or nursing care but unable to live independently in the community.
	Care and attention home	Provides residential care, meals, personal care and limited nursing care and assistance in activities of daily living for elderly persons who suffer from poor health or disabilities.
	Nursing home	Provides accommodation, regular and basic medical, nursing and rehabilitative services, social support and personal care to elderly persons who suffer from poor health or physical/mental disabilities.
HIGHEST	Infirmity Unit	Provides medical/hospital care to elderly persons who suffer from physical/mental disabilities.

Residential care

- There are a wide range of caring institutions with different levels of care in the public and private sectors.
- Difficult to achieve "ageing in place", as residents need to move from one place to another when health conditions change.
- Supporting measures for retaining residents with deteriorating health include dementia supplements, encouraging residential care homes to employ additional staff for better care.

Other Support Measures

ê Infirmity Care Supplement (ICS)

ê Dementia Supplement (DS)



Infirmatory Care Supplement (ICS)

- ê An integral part of some subvented residential care homes for older persons; additional nursing staff are employed.
- ê ICS also maintains and supports older persons who are diagnosed as chronically ill, in critical condition or disabled so that they may remain in their existing homes.

Dementia Supplement (DS)

ê Enhances the quality of care and training for subvented RCHE residents with dementia.



(Social Welfare Department, 2012f)



Residential care

- The number of private homes has increased dramatically, rising from 7 homes in 1981 to 576 by 2009, providing 57,132 places.
- 80% of residents in private homes are using social security payment.
- The private sector will become the key provider of residential placements, increasing the supply and reducing waiting lists.

The shortfall between demand and supply

- As at 30 September 2012, there were a total of 29 068 applicants on the waiting list.

Subsidised service	No. of applicants
Homes for the aged	15
Care and Attention Homes	22,532
Nursing Homes	6,521
Total	29.068

The shortfall between demand and supply

Waiting time

- The waiting time for subvented places in care and attention homes has dropped since 2000 (from 34 months to 21 months)

Subsidised service	Waiting time (in months)
Care and attention homes	
Care and attention homes (subvented homes and contract homes)	33
Private homes (EBPS)	6
Average	21
Nursing homes (subvented and contract homes)	38

Current situation

- To ensure our resources target those older persons most in need, SWD adopted a standardised care needs assessment tool for all older persons who apply for subsidised long term care services
- Objectives:
 - to match care needs to services
 - act as single entry point for all subsidised community and residential care services
 - assessment results serve as the basis for individual care planning

The Central Waiting List for Subsidised Long Term Care Services

Background

- Aims to implement the policy initiatives of 'ageing in place' and 'continuum of care' and streamline the application procedures.
- The Social Welfare Department implemented a Central Waiting List for subsidised long term care services on 28 November 2003 to register older persons' requests for subsidised long term care services at a single entry point.
- It is a centralised registration system that matches elders' care needs, which are ascertained by using the standardised care needs assessment tool.

(Social Welfare Department, 2012b)

Standardised Care Needs Assessment Mechanism for Elderly Services [SCNAMO (ES)]

MATCHING...

- Use of an assessment tool, Minimum Data Set-Home Care (MDS-HC) to ascertain the care needs of older persons and match them with appropriate services. MDS-HC screens applicants for their eligibility for long term care services.



What does MDS-HC cover?

Intake and initial history	Cognition
Communication and vision	Mood and behaviour
Psycho-social well-being	Functional status
Contenance	Disease diagnosis
Health condition	Oral and nutritional status
Skin condition	Medications
Treatment and procedures	Responsibility
Social supports	Environmental assesment
Discharge potential and overall status	Discharge

The Mechanism covers applications for Admission:

1. Homes for the aged

(With effect from 1 January 2003, the Social Welfare Department has ceased to accept new applications for placement in Homes for the Aged. Starting from 2005-06, homes for the aged places will gradually be phased out and converted into care and attention places providing continuum of care.)

2. Care-and-attention homes

3. Nursing homes

4. Day care centres for older persons

5. Enhanced home and community care services

6. Integrated home care services (in respect of frail cases and disabled frail cases)

7. Pilot Scheme on Home Care Services for Frail Elders

(on trial base for three years at the six specific district in HK)

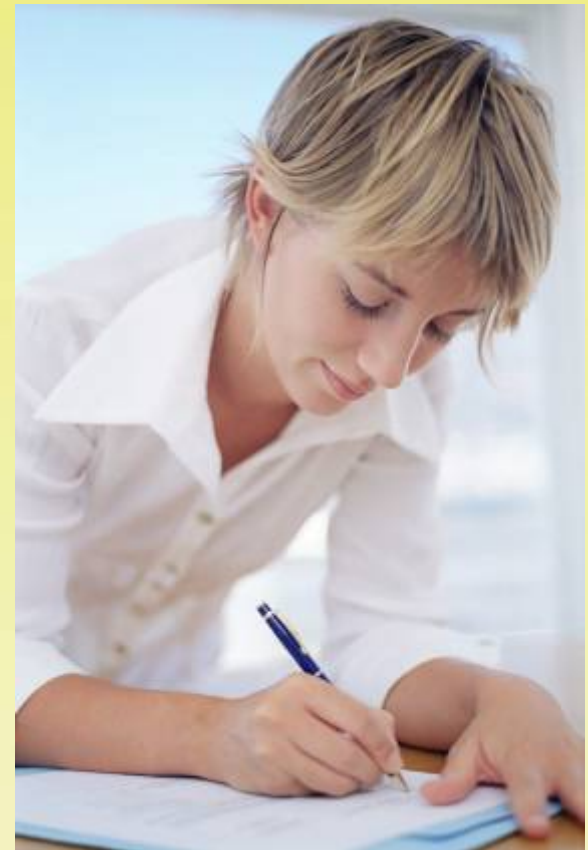
Who are the assessors?



STANDARDISED CARE NEED ASSESSMENT MECHANISM FOR ELDERLY SERVICES

Assessors under the mechanism are professionals:

1. social workers
2. nurses
3. occupational therapists
4. physiotherapists



(Social Welfare Department 2012k)

STANDARDISED CARE NEED ASSESSMENT MECHANISM FOR ELDERLY SERVICES

Five multi-disciplinary [SCNAMO (ES)] in the regions listed below monitor the operations of the mechanism.

1. Hong Kong
2. East Kowloon
3. West Kowloon
4. New Territories East
5. New Territories West

(Social Welfare Department 2012k)

CADENZ A Training Programme



Assessment Procedures

Deteriorating
Health
Condition

Raise a
Request

Initial
Screening

Conduct
Assessment

Explain the
Assessment
Results

Formulate
a Care Plan

New initiatives

- As the Chief Executive announced in the 2011-12 Policy Address, Social Welfare Department will implement the new initiatives as follows,
- Plan for a pilot scheme on community care service voucher for elders.
- Increase subsidised community care places for the elderly.
- Increase subsidised residential care places for the elderly which provide nursing and a continuum of care.
- Upgrade the quality of subsidised residential care places for the elderly and increase the supply of higher-quality places under the Enhanced Bought Place Scheme.
- Enhance the support for demented elders by increasing the amount of supplements for subsidised residential care homes for the elderly and day care centres/units for the elderly

Future direction of residential care services

- Integrate and provide "continuum of care" services – one type of home only.
- Develop a sustainable and quality residential care system with NGOs and the private sector.
- Better interface between medical, health and social services in residential care settings.

Future challenge and development of the elderly services

Future challenge and development of the elderly services

- Hong Kong is facing six aspect of challenge for the future development of the elderly services
 - Increase in proportion of ageing population and the life expectancy
 - Lower social status and earning capacity of the elderly
 - Large number of elderly with functional impairment and chronic illness
 - Weakness support from the nuclear family
 - Lack of comprehensive retirement policy
 - Huge expenditure of caring for the elderly

End of Chapter 2

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