

**The Chinese University of Hong Kong
The Nethersole School of Nursing
CADENZA Training Programme**

**CTP 005: Community and Residential Care for
Older People**

**Web-based Course for
Professional Social and Health Care Workers**

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香港賽馬會慈善信託基金
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Chapter 8
Residential care policies and services
in Hong Kong:
options, integrated and comprehensive?

Course outline

- Historical development of residential care home policy
- Options of residential care services in Hong Kong
- Role of policymakers and governing bodies in the development of long term residential care policies
- Current issues of the residential care home policies
- Future policy direction for long term care services

Residential care home policy: historical development

- There are currently over 700 Residential Care Home for the Elderly (RCHE) in Hong Kong
- There are also different policies and governing bodies that monitor the development and standard of the RCHEs.

Residential care home policy: historical development

- The major change of residential care policy over time is the shift of **responsibilities** of taking care for older people **from family members to the government.**



Residential care home policy: historical development

- Reasons for shifting the responsibilities from family to the HK government:
 - ageing population in need of more social and health care support
 - advances in medical technology and public health lead to increased life expectancy and complexity of self-care in living with chronic illnesses
 - increase in nuclear families reduces support from the extended family
 - changing gender roles as more females enter the workforce
 - occupation-orientated lifestyles characterised by long working hours and strong vocational commitment



The following slides illustrate the shift of focus in residential care policy from 1960s to 1990s.

Residential care home policy: historical development

In 1965, the policy statement in the 1965 White Paper highlighted the importance of family responsibility in taking care of the older people:

- “ Social welfare services should not be organized in a way as to make it easier to accelerate the breakdown of the natural or traditional sense of responsibility, e.g. encouraging the natural family unit to shed on to social welfare agencies, public or private, it’s moral responsibility to care the aged or inform.”

Hong Kong Government (1965).

Residential care home policy: historical development

- Not until the early 1970s, the Government began to study a long term strategy on elderly care and to formulate residential care policy in a more systematic manner.



- In year 1972, a working party was eventually established by the Social Welfare Department (SWD) to study about the future needs of the older generations.
- “Care in the Community” was identified as the main theme for the provision of services to the older generations in 1973.

- In 1976, the **first programme plan** on elderly care was prepared by Social Welfare Department (SWD) and Hong Kong Council of Social services (HKCSS) and documented in the Green Paper on Services for the Elderly.

- The main concept of the programme was to **encourage** the older people **to remain in the community** as long as possible and to provide wide range of community services to support the families to care for their older people, but offered residential care for those that could not.

(Leung et al., 1993)

- Leung et al. (1993) argued that the increase in the old-old population had created number of problems related to the care of the older people. The demand for residential placement was very insufficient to meet the need. The Government had underestimated the number of older people requiring care and attention homes and infirmaries, as evidenced by the long waiting list.

(Leung et al., 1993)



- The increasing demand of residential places brought along the openings of privately-run aged homes to fill the gap.
- However, these private aged homes were profit-making and the quality of care varied greatly.

(Leung et al., 1993)



Leung et al. (1993) stressed there was an urgent need for a comprehensive policy on residential care for older people in Hong Kong to compensate for the poorly planned policy over the past twenty years.



- Two major limitations were identified in the current health care policy,
 - poor coordinated and inflexible operation of the services provided
 - government not committed to finance residential care

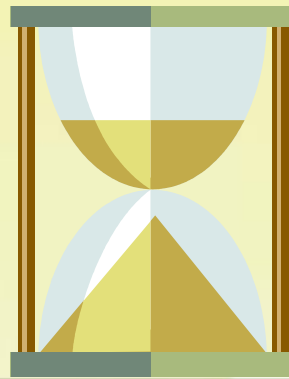
(Leung et al., 1993)

- Leung et al (1993) suggested that a public retirement system to provide financial support to the older people could assist them for long-term care.
- And a highly prioritized long term care policy as a standard risk in the general social security system is urgently needed.

1997 Policy Address

- Provide 2 400 more subsidised residential care places under the "Bought Places Scheme".
- Commission for the Elderly to review demand and system of provision for residential care.

Several years on from Leung's study, there is still no comprehensive retirement system in Hong Kong; the waiting times for subvented care and attention homes and infirmaries is still long and the quality of private aged homes still varies greatly.



Provisions of RCHES in Hong Kong

Provision of RCHES in Hong Kong

There are different types of RCHES in Hong Kong:

- ***Subvented aged homes***
 - subsidised by the government
- ***Privately run aged homes***
 - no funding from government and run by the private sector
- ***Contract Homes***
 - SWD requires operators to bid for the service and the government provides places. The service level is combined with both C&A homes and nursing homes to provide subvented and private places.
- ***Enhanced Bought Place Scheme***
 - Government has bought bed places from private aged homes to alleviate the long waiting time for subvented care and attention homes.
- ***Self financing homes***
 - No funding from government and run by NGOs; non-profit making.



Subvented Homes

They are subsidised by the government depending on the care levels and self-care abilities, mainly:

- *Hostels for the Elderly
- *Home for the Aged
- Care and Attention Homes
- Care and Attention places providing continuum of care
- Nursing Homes
- Infirmary (under Hospital Authority)

*SWD has ceased to accept new application since 1st Jan 2003.

Those places will be phased out and converted into Care and attention places providing continuum of care.



Hostels for the Elderly

- For older people who are capable of taking care of themselves.
- Communal living accommodation, programme activities and round-the-clock support staff.



*SWD has ceased to accept new applications since 1st Jan 2003.

Those places will be phased out and converted into Care and Attention places providing continuum of care.

Homes for the Aged



- Residential care with meals and a limited degree of assistance in activities of daily living.
- For older people who are unable to live independently in the community, yet are not dependent on assistance with personal or nursing care.
- Assessed by the Standardised Care Need Assessment Mechanism for Elderly Services (SCNAMES) to be of no or mild impairment level.

*SWD has ceased to accept new applications since 1st Jan 2003.

Those places will be phased out and converted into Care and Attention places providing continuum of care.

Care and Attention Homes

- Residential care with meals, personal care and limited nursing care.
- For older people who have poor health or physical/mild mental disabilities with deficiency in activities of daily living but are mentally suitable for communal living.
- Assessed by SCNAMES to be of moderate impairment level.



Care and Attention Homes

Providing Continuum of Care



- Places in Hostels for the Elderly and Homes for the Aged have been gradually phased out and converted into C&A Homes.
- C&A Homes aim to provide a ‘continuum of care’ with services to meet older people’s changing needs. As they age and become more frail, this can help to reduce further moves from one service or location to another, unless infirmary care is required.

Nursing Homes

- Residential care with meals, personal care, regular basic medical and nursing care, and social support.
- For older people who have poor health or physical/mental disabilities and deficiency in activities of daily living but are mentally suitable for communal living.
- Assessed by SCNAMES to be of severe impairment level.



Infirmary

- Provide residential care, meals, personal care, regular basic medical and nursing care, and social support.
- Provide services to the older people with chronic disabilities, in need of long stay care and intensive professional nursing care; or limited response to rehabilitation efforts and remained incapacitated and bedridden.
- Assessed by Community Geriatric Assessment Team in Hospital Authority
- Flow chart for admission into Hospital Authority Central Infirmary Beds, please visit :
http://www.ha.org.hk/visitor/ha_visitor_index.asp?content_id=123994&lang=ENG

Privately Run **Aged Homes**

- There is no clear-cut care level for the privately run RCHEs, they usually receive residents with different care levels, depending on the capacity of the homes and final decision of the in-charge of the homes.



Residential Care Homes for the Elderly (RCHE)

- Generally speaking, in Hong Kong, RCHE is a place providing residential care and facilities to older people aged 65 or above.
- All RCHEs must be licensed under the Residential Care Homes (Elderly Persons) Ordinance. The Ordinance covers subvented, self-financing, contract and private residential care homes .

Residential Care Homes (Elderly Persons) Ordinance (Chapter 459)–Sect. 22

- Residential homes operate according to Code of Practice issued by the Director of the Social Welfare Department. Code of Practice sets out guidelines, principles, procedures and standards for the operation, running, management or other control of residential care homes.



Admission criteria

- The admission criteria for government subsidised RCHES is entirely different to that of privately run RCHES
- Subvented RCHES
 - A gatekeeping mechanism exists to ensure older people reside in appropriate RCHES.
- Privately run RCHES
 - No standardised method to define admission criteria.

Gatekeeping mechanism for subvented RCHEs

- Applications for subvented RCHEs must be made through Home and Community Care Services centres under the operation of SWD. These centres act as referring offices for residential care services.
- Caseworkers perform initial assessments under the Standardised Care Need Assessment Mechanism for Elderly Services (SCNAMES).



Standardized Care Need Assessment Mechanism for Elderly Services (SCNAMES)

- The SCNAMES used an internationally recognized assessment tool: the “Minimum Data Set-Home Care” to determine the care and service needs of the applicants.

(Social Welfare Department, 2012c)

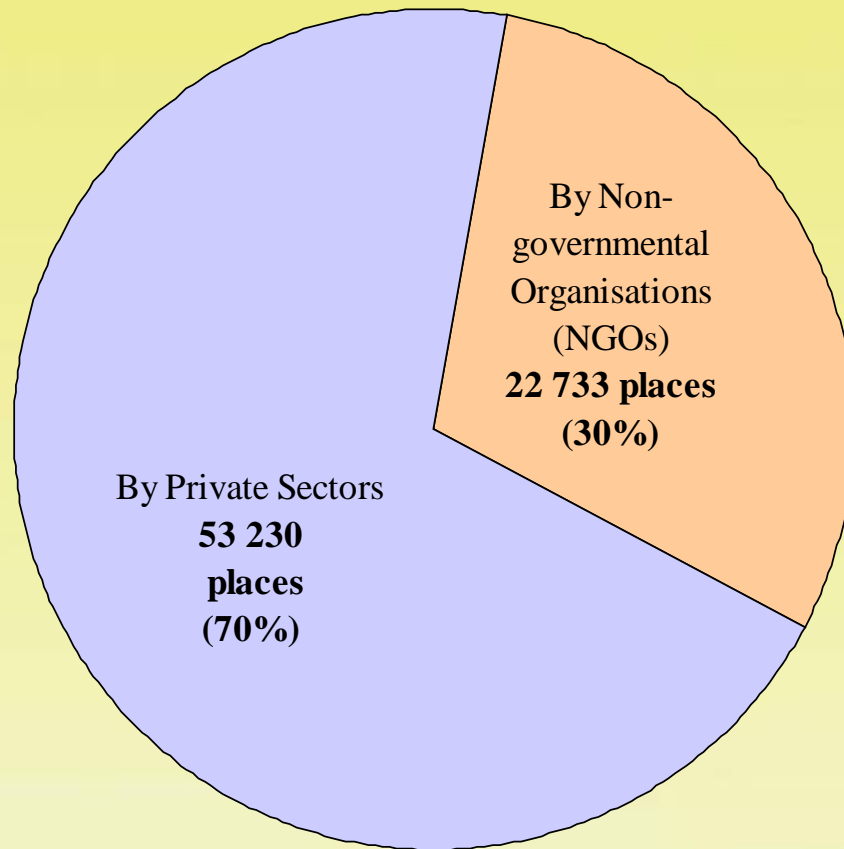
The Central Waiting List for Subsidised Long Term Care Services

- Central Waiting List (CWL) for subsidised long term care services has been coordinated by Standardised Care Need Assessment Management Offices (SCNAMOs) since 28 November 2003.
 - It is a centralised registration system whereby the SCNAMOs are the focal points of contact for older people to register their needs and make applications for RCHEs
 - Its purpose is to facilitate the applicants' request for subsidised long term care services through registration at single entry points.

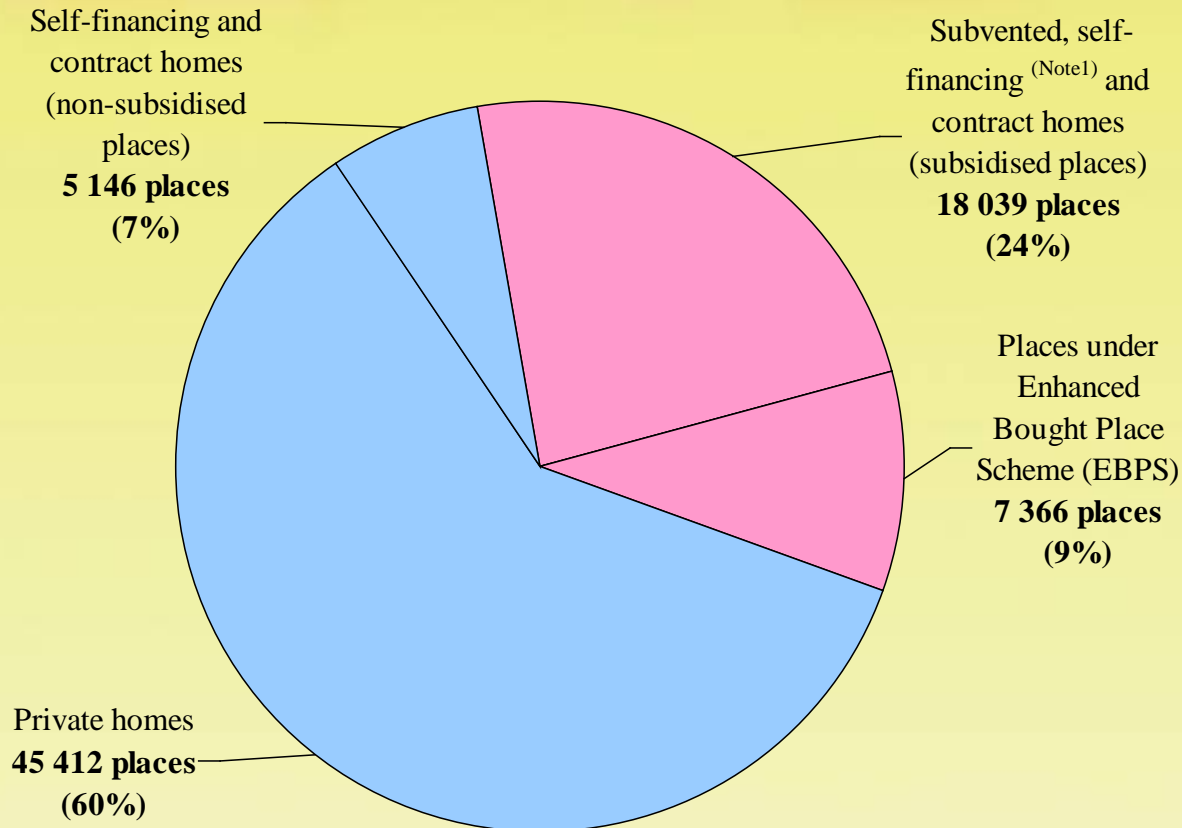
- As for the infirmary, the decision falls on the Hospital Authority and not under the decision of SCNAMOS.



Provision of Residential Care Services for Elders
(Non-governmental Organisations versus Private Sector)
(As at 30.9.2012)



Provision of Residential Care Services for Elders (Subsidized versus Non-subsidized Places) (As at 30.9.2012)



- As at 30 September 2012, there were a total of 29 068 applicants being waitlisted for various types of subsidised residential care services in the Central Waiting List for subsidised long term care services.

Homes for the Aged	15
Care and Attention Homes	22532
Nursing Homes	6521
Total	29068

With reference to information as at 30 September 2012, the average waiting times for various types of subsidized residential care services were as follows:

Subsidised service	Waiting time (in months) Average from the past 3 months
Care and attention homes	19
Subvented homes and contract homes	33
Private homes participating in the Enhanced Bought Place Scheme	6
Overall	21
Nursing homes	38

(Social Welfare Department, 2012a).

The number of older people who passed away while waiting for subsidized Nursing Home (NH) in the past

Year	No of older people died while waiting for NH
2004	1 293
2005	1 339
2006	1 540
2007	1 619
2008	1 847

(Labour and Welfare Bureau, 2009a)

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資助護養院輪候逾3年 等到死 長者持續升

(明報)2009年3月19日 星期四 05:05



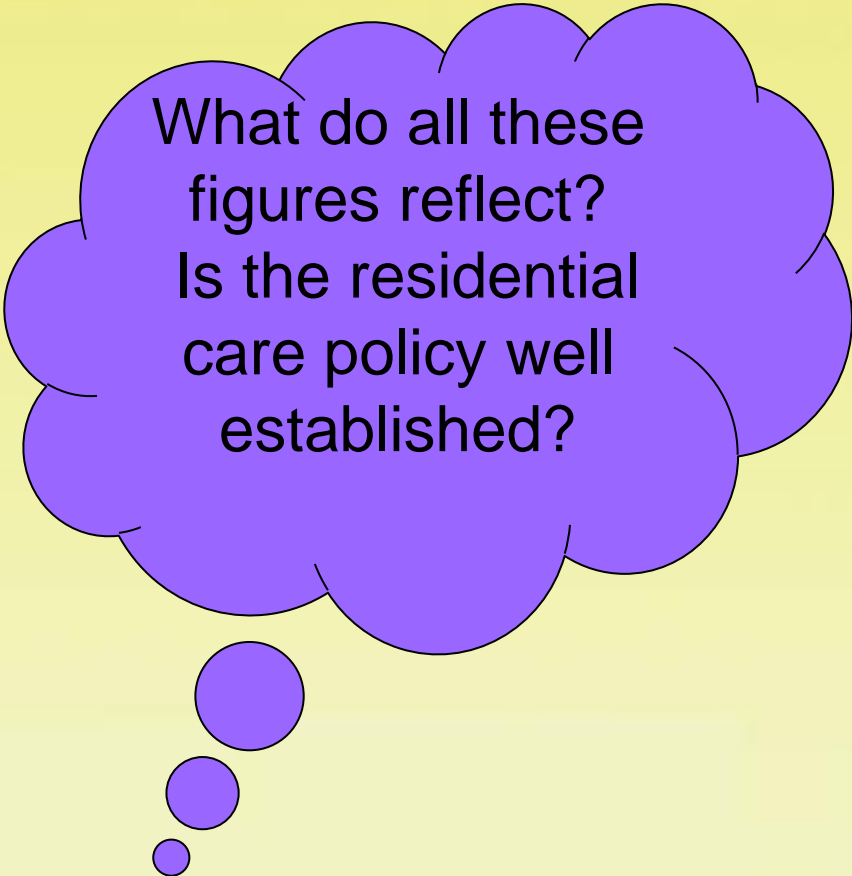
【明報專訊】政府資助護養院的輪候時間長逾3年，勞工及福利局局長張建宗昨在立法會指出，去年共有1847名長者在輪候期間離世，根據政府提供的數字，去年未及等到宿位已離世的長者人數較5年前增加逾四成，5年累積已有7638名長者在等候期間離世。有學者指出，現時護養院護士人手緊張，「就算政府肯花錢建護養院都無用」，倡加強居家護理。

5年逾7000長者離世

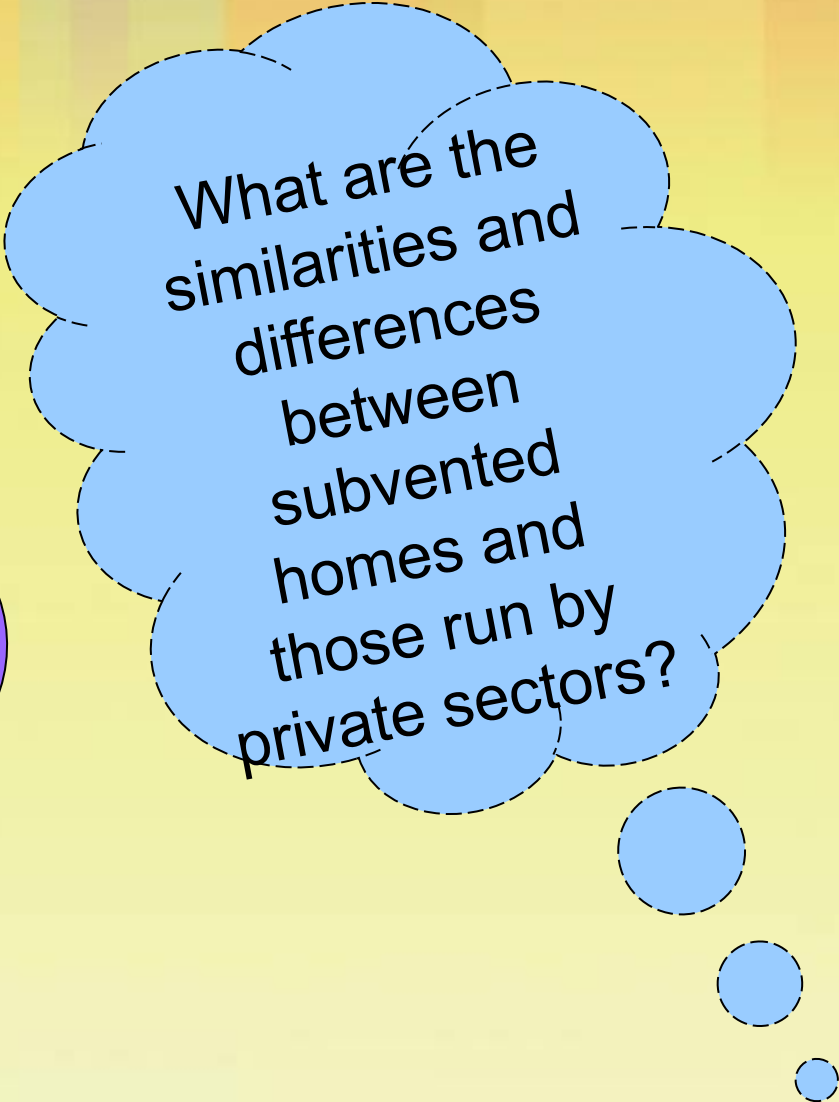
張建宗表示，截至今年1月底，共有6267名長者正在輪候入住由政府資助的護養院宿位，逾半數輪候長者現居於私營安老院。

數字顯示，2004年在輪候資助護養院宿位期間離世的長者共有1293人，由於申請人數增加及申請人漸趨年老，「等唔切」離世的長者人數逐年遞增，去年人數上升至1847人，較04年上升了43%（見表）。

護士緊絀 加建護養院無用



What do all these figures reflect?
Is the residential care policy well established?



What are the similarities and differences between subvented homes and those run by private sectors?

- The government's conservative estimation of the number of RCHEs is one of the crucial factors that contributed to the severe inadequacy of the residential care facilities for the rapidly ageing population in Hong Kong.
- The long waiting list is still a great problem waiting to be solved.
- Privately run RCHEs continue to increase in numbers.

Question in The Legislative Council

Hon Leung Kwok-hung questioned Hong Kong Government about the elderly policies:

- In 18 March 2009, the insufficiency of subsidized nursing home places 0||D||C||A||G||J|| ||

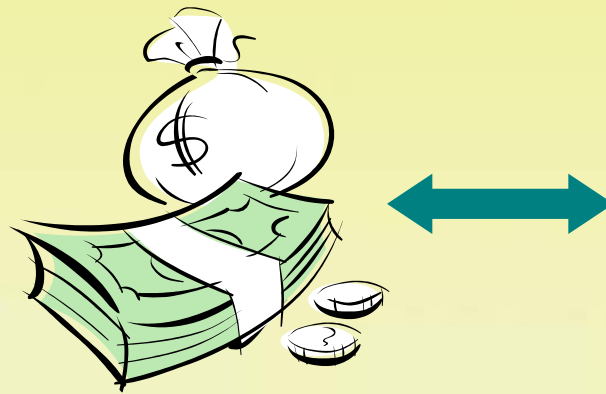
http://www.lwb.gov.hk/eng/legco/18032009_1.htm

- In 1 April 2009, the current acute shortfall in the supply of subsidized care and attention places for the older people (C&A places) has resulted in rather long waiting time for such places and the varied quality of the services provided by private residential care homes for the older people (RCHEs). 0||D||C||A||G||J|| ||

http://www.lwb.gov.hk/eng/legco/01042009_7.htm

- Although there are several governing bodies that monitor the standard of private RCHEs, the care standard varies greatly from Homes to Homes
- Moreover, the manpower, the cost greatly differs, which directly affecting the care standard between subvented Homes and private Homes.

- Due to limited resources of the private homes, the quality may be lower than the subvented homes, which reflects the high cost of provision of long term care services in Hong Kong.



- If the government really sees this matter as serious, priority should be given to the establishment of a proper policy and more resources mobilised to address these problems.
- A good retirement system for older people has been a concern for many years; without long term planning for a workable retirement system, older people can only depend on a limited amount of financial assistance which may not be sufficient for them to continue to live in the community or in institutional care.

- There are approximately 70% of RCHEs run by private sectors. How should older people choose their appropriate services?
- Do they know the standard? Do they know where to voice out their opinions?
- What organizations are governing or monitoring the standard of private residential homes in Hong Kong?
- Does the same quality assurance system applied to the private and subvented homes?

Role of policymaker and governing bodies?

Social Welfare Department (SWD)

- The elderly services of the SWD is to promote the well-being of the older people in all aspects, through provision of a wide spectrum of services to enable them to remain living in the community for as long as possible.
- It also provides residential care suited to the varying needs of older people whenever necessary.

Licensing Office Of Residential Care Homes for the Elderly (LORCHE)

- LORCHE was established by SWD in April 1995.
- The aim is to enforce the Residential Care Homes (Elderly Persons) Ordinance and to provide guidance and advice to operators of all RCHEs to comply with the licensing requirements continuously as stipulated in the relevant Ordinance, subsidiary Regulations and Code of Practice.

- There are four professional inspectorate teams:

- the Fire safety,
- Building safety,
- Health and Care
- Social work



to conduct inspection and to ensure RCHEs can achieve the licensing standards.

- Additionally, residents or any person with an enquiry or complaint about the service of RCHEs can also contact LORCHE via the telephone hotline or email.

Elderly Commission

- The Elderly Commission was established in 1997.
- It was an important step taken by the government towards a more integrated approach in planning elderly services.
- The Commission aims at providing advice to the government regarding the formulation of a comprehensive policy in caring for older people.

Elderly Commission



Members:

Official member

- Secretary for Food and Health or representative
- Secretary for Labour and Welfare or representative
- Secretary for Transport and Housing/Director of Housing or representative
- Director of Health or representative
- Director of Social Welfare or representative
- Chief Executive, Hospital Authority or representative

Unofficial member

- professionals from elder related services and other sectors, academic and community leaders.

- After the establishment of the Elderly Commission, there are numbers of findings that reflected the inadequacies of the policy on residential care for older people:
 - Different packages of home and community care services should be provided to frail elderly and their families in order to support the community dwelling older people to continue to live with families, whereas residential care to those that family support is not available.

The Elderly Commission also realized that the classification of RCHEs into different types according to care level was not practical, as self care abilities among older people vary in time and it is ridiculous to move them to other Homes when they became frail.

- Recommendation: RCHEs should provide continuum of care services for the frail older people with different health conditions.

The Elderly Commission realized the importance of giving support to the carers, so as to maintain the older people to live at home and not ultimately reside to RCHE.

- Recommendation: Carer support and respite care are therefore, becoming the important areas to be addressed and strengthened.

It is not surprisingly to know that some older people moved to RCHEs just because they had poor relationship with their family members , they therefore, occupied the limited spaces of the RCHEs.

- Recommendation : The Elderly Commission realized the importance of performing care need assessments first before the care services to be provided.

In view of the high cost of long term care expenditure and the needs of RCHEs, the Elderly Commission developed the following strategies after establishment:

- purchase existing services from the private sector instead of building new subvented RCHEs
- encourage self-financing service
- gatekeeping to ensure older people had actual need of moving to RCHEs

- Enhanced Home and Community Care packages offer support to frail older people and families who were originally pending for subvented RCHEs.
- The cost of care at home is significantly cheaper than living in RCHEs.

- Although the RCHEs are governed by the Code of Practice, Residential Care Home Ordinance, and at the same time monitored by different bodies, it is sometimes described as not stringent enough and there are still many issues showing the inadequacies of the policies on residential care.



- In Labour and Welfare Bureau, there are on and off questions being raised, concerning the standard and regulations of private RCHEs .
- In the legislative Council on 30 April 2008, Hon Kwong Chi-kin raised the issue concerning the private RCHE had, without the residents' consent, deducted the additional CSSA payments.

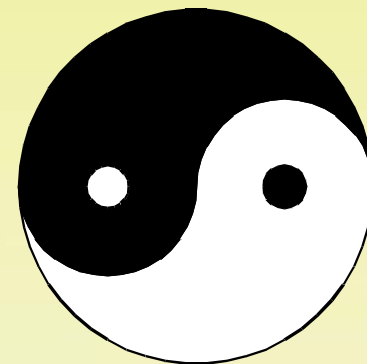


- In 2007, the SWD received 11 complaints relating to this issue and 4 of them were found to be substantiated.
- Although SWD had provided clear guidelines in the Code of Practice, private RCHEs still found ways to violate the rules.

- According to the Ordinance, in case of suspected infectious disease outbreak, the infection control officers (ICOs) in RCHEs have the responsibility to report to LORCHE and the Centre for Health Protection (CHP). However, it is not uncommon to find that ICOs are reluctant to report suspected outbreaks as they fear the outbreak may affect their business.

- In the period from 1998 to 1999, under the Bought Place Scheme and Enhanced Bought Place Scheme, the government purchased services from 59 privately run RCHEs of which 17 homes did not fulfill the Residential Care Homes Ordinance. It is difficult to understand the standards observed by SWD in regulating the private RCHEs.

- This 'grey area' exists to this day and some RCHEs can still accept residents although their hardware does not meet the conditions of the Ordinance.



Future Direction

- In the past 20 years, it can be seen that the long waiting time of the subvented RCHEs, the rapidly increasing no. of private homes, the lack of monitoring of the standard of the RCHEs, all reflecting the policies need to be refined, or even re-structured.



- The history of elderly care policy and the Residential Care Home Ordinance is not long, different units and organizations strive to improve elderly services in Hong Kong. They include:
 - Social Welfare Department
 - Elderly Commission
 - Legislative Council
 - Hospital Authority
 - Department of Health

- The **joint effort** of the above-mentioned sectors would be very important to the success of the residential care service and need to be achieved through
 - *Creating a better networking system;*
 - *Enhancing the inter-sector communication;*
 - *Promoting a closer liaison.*

- Meanwhile, the numbers of older people and the frail elderly are increasing.
- Residential care or infirmary care places are in urgent need.
- The government should realise the urgency of this issue and take action without delay.

- The development of a proper policy with more resources and funding is needed to tackle the current issues of residential care service.
- The reform of the subvented RCHEs should be coordinated with flexibility in operation.
- The collaboration between SWD and HA should make strenuous effort in improving the nursing care standard in caring for the frail older people in all RCHEs.

- More resources should be mobilized to support the community care policy for the older people.
- Although private RCHEs may alleviate the long waiting time in the Central Waiting List, the quality of care must be guaranteed.



- Last of all, a comprehensive public retirement system is necessary to be considered to provide financial support to the older generation in the future.



Way Forward

- To tackle the challenges of an ageing population, the Policy Address proposed initiatives for the welfare of older people.
- However, a long term comprehensive residential care policy for older people has to be considered the first priority.



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