

## **Commission on Poverty (CoP)**

### **Enhancing support to elders in need**

#### **PURPOSE**

This paper seeks Members' views on further measures to strengthen the assistance and support to elders in need.

#### **BACKGROUND**

2. At the meeting of the CoP Ad Hoc Group on the Elderly in Poverty in September 2006, Members took stock of the existing measures and efforts of the Government, in partnership with the non-governmental organizations, in providing support to elders, including efforts to reach out to the "hidden" elders who are disengaged from the community. Members noted that the Government had established a fairly extensive network of community support services comprising the District Elderly Community Centres (DECCs), the Neighbourhood Elderly Centres (NECs) and the Support Teams for the Elderly (STEs) in building a caring community for the elderly. However, Members considered that more should be done and requested the Administration to consider further means to help elders in need, in particular the hidden and singleton elders, in the light of an ageing population.

#### **UNDERLYING PRINCIPLES IN SUPPORTING ELDERS IN NEED**

3. Elders are an invaluable asset to our community. In fact, most of the elders are healthy and can live independently. Our elderly policy aims to help elders to age in the community and to lead an active life under the concept of "social inclusion" and "active ageing" with recourse to Government's assistance where necessary. For the hidden and singleton elders, we aim to help them integrate into the society, provide them with the assistance available and encourage them to lead an active life with participation in community life.

4. Helping elders in need does not mean providing them with financial assistance only. In fact, not all of the elders in need are looking for financial assistance. Some may. But there are many others, in particular hidden and singleton elders, who need support services and psycho-social support. For example, they may require medical consultations in public hospitals, accommodation in public housing, social networking, subsidized home care services to live in the community, and subsidized residential care places as they get frailer. Our public healthcare system, public housing programmes, the elderly centres, and the subsidized community and residential care services are an integral part of the support network for elders in need.

### **ENHANCING EFFORTS TO REACH OUT TO HIDDEN AND SINGLETON ELDERS**

5. At present, the services provided by DECCs/NECs and STEs have contributed to an extensive caring community support network for elders in need, in particular hidden and singleton elders. To promote active ageing, there are 41 DECCs and 115 NECs which cater for the psycho-social and developmental needs of elders and their carers. DECCs/NECs have been outreaching to vulnerable elders to establish rapport with them, and provide them with care, personal assistance, counseling and support services. Over 170 000 elders are members of the DECCs/NECs. The STEs are also serving about 60 000 elders, of which about 30 000 are singletons. At present, about 30% of the members in the DECCs and about 26% of the members in the NECs are singleton elders. About 28% of the members of the DECCs and about 21% of the members of the NECs are recipients of the Comprehensive Social Security Assistance Scheme (CSSA) and/or the Social Security Allowance Scheme (SSA).

6. Hidden and singleton elders are the most vulnerable and high risk group of elders in the community because they cannot generally rely on family support, do not have a normal social life and network, and are not linked to the existing network of community support. Some of the hidden or singleton elders may have imminent needs for emotional support and welfare services, whereas some may require assistance at a later stage of life.

7. According to the Census and Statistics Department, there were about 109 300 singleton elders aged 65 or above in Hong Kong in 2005, accounting for about 13% of the total elderly population. It is however difficult to know how

many of these elders are hidden elders as they are disengaged from the community. It will be a challenge to identify and get into contact with the hidden elders. Outreaching to the hidden elders is also a labour-intensive task. While leveraging on volunteers to carry out the outreaching work, DECCs/NECs have to deploy manpower resources, in particular social workers, to plan for the outreaching arrangements and supervise the volunteers. Apart from outreaching elders, DECCs/NECs have to meet the service needs of over 170 000 elderly members and handle an increasing number of counseling cases and applications for subsidized long-term care services. In view of the growing workload, DECCs/NECs require additional resources to intensify their outreaching efforts.

### *Proposed measure*

8. We propose to provide additional resources starting from 2007-08 for all the 41 DECCs and 115 NECs to recruit an additional social worker to enhance their outreaching work on elders whom they have not yet networked. In doing so, we hope to assist the hidden and singleton elders who may be physically or socially excluded/isolated from the community to develop social networks and to identify and assist those with special circumstances, such as complicated family circumstances.

9. When a hidden or singleton elder is known to a DECC/ NEC, the DECC/NEC concerned can then identify his/her needs, establish rapport with him/her, bring him/her out of isolation, and provide him/her with the necessary support and services. For elders who have health problems, the DECC/NEC may refer them to the Hospital Authority for medical consultations. For elders who have housing problems, the DECC/NEC may refer them to SWD to see whether they should be recommended for compassionate housing. For elders who have financial difficulties, the DECC/NEC may render assistance to them in applying for financial assistance. For those who require subsidized community care or residential care services, the DECC/NEC may arrange for them the frailty test, as required. Also, the NEC and DECC will keep in contact with elders through phone calls or home visits from time to time and provide support and follow-up assistance as required.

10. Subject to the views of members, the proposal involves new additional recurrent resources of \$38 million annually.

## **OTHER MEASURES TO SUPPORT ELDERS IN NEED**

11. In the past few years, the Government has provided over \$600 million additional recurrent resources to strengthen elderly services, taking into account our underlying policy objectives of promoting active ageing, ageing in the community and the provision of continuum of care. Enhancing the outreaching efforts of the DECCs and NECs as proposed in paragraphs 8 – 9 will likely lead to a further increase in the demand for community and residential care services, as some of the elders identified may be in need of services, and will require corresponding enhanced measures. We will further enhance our support to the elders in need. Details of the major measures are set out in paragraphs 12 to 20 below.

### *Enhancing support to elders in need in the community*

12. Elders enjoy better physical and mental health if they live in the community and maintain a normal social life. Encouraging and helping elders to age in the community is one of the underlying principles of our elderly policy. We provide elders in the community with home-based and centre-based community care services.

13. As regards home-based community care services, some of the elders in the community may require assistance in their daily living because of old age and lack of family support, even though they may not have long term care (LTC) needs. We provide these elders with non-frailty-tested home care services comprising meal delivery, household cleaning and escort services. About 16 000 elders are using these services. While these services are not means-tested, about 74% of the users are CSSA recipients, which demonstrates that low-income elders are the major beneficiaries of the services.

14. As regards to elders in the community with confirmed LTC needs, they can resort to the more comprehensive frailty-tested home-based community care services which include case management, personal care, nursing care, rehabilitative care, meal delivery, household cleaning and escort services. More than 3 000 frail elders are using the services. While these services are not means-tested, over 50% of them are CSSA recipients, which again demonstrates that low-income elders are major beneficiaries of the services.

15. The existing 18 Enhanced Home and Community Care Services (EHCCS) Teams are providing the frailty-tested home-based community care services. Some of them are about to reach their optimal service capacity. To meet the increasing demand, SWD will create additional service capacity starting from 2008-09 through setting up additional EHCCS Teams in districts where the demand will likely exceed the capacity of the existing EHCCS Teams.

16. There has also been an increasing demand for the non-frailty-tested subsidized home care services for elders. To improve the quality of life of the elders in the community, we have earmarked in the 2006-07 Budget an additional recurrent amount of \$20 million to enhance the capacity of these non-frailty-tested home care services for elders. We expect that the additional services will start coming into place in January 2007.

17. The increase in the service capacity of the aforementioned home care services will enable more elders in need to benefit from the services, which are particularly helpful to singleton and hidden elders.

### ***Enhancing support to elders in need of subsidized residential care***

18. While we promote “ageing in the community”, we are mindful that some elders may require residential care services as they get frail or when family support is no longer available. We provide elders in need with highly subsidized residential care services. The number of subsidized residential care places in Hong Kong has increased from about 16 000 in 1997 to about 26 000 at present, representing an increase of 60%. While subsidized residential care places are not means-tested, at present about 70% of the users of the 26 000 subsidized residential care places are CSSA recipients.

19. To enable elders to receive continuum of care in residential care homes for the elderly (RCHEs), we have started converting some 10 700 subsidized RCHE places which have not provided LTC and continuum of care into places providing continuum of care, so that elders do not have to move to different RCHEs when they require a higher level of care.

20. In addressing the increasing demand for subsidized residential care services, we are adopting a two-pronged approach, i.e. both to increase the supply

of subsidized RCHE places to provide support to more elders in need of subsidized residential care places, and also to make it a guiding principle in planning new subsidized RCHE places that the places have to provide LTC and continuum of care. In 2007 – 08, the Government has set aside an additional \$16 million for increasing the supply of subsidized RCHE places in new purpose-built premises. We will continue to keep in view the demand for subsidized residential care places for elders in need.

### **ADVICE SOUGHT**

21. Members are invited to offer their comments on –
- (a) enhancing the outreaching efforts of the DECCs and NECs to hidden and singleton elders (paragraphs 8 – 9); and
  - (b) other measures to strengthen elderly services which would provide support to elderly in need (paragraphs 12 – 20).

Health, Welfare and Food Bureau  
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