

Paper for submission to the Second World Assembly on Ageing

RETHINKING POLICY, REINVENTING AGEING

Introduction

This paper presents the strategies and efforts made by the Government of the Hong Kong Special Administrative Region in the past five years to improve the quality of life of our elders and outlines future directions to meet the rising challenges of an ageing population.

Background

2. Since 1 July 1997, Hong Kong has become a Special Administrative Region of the People's Republic of China under the 'One Country, Two Systems' principle. The Basic Law of the Hong Kong Special Administrative Region (HKSAR), our important constitutional document, institutionalises the concept of "One Country, Two Systems", allows us to exercise a high degree of autonomy and gives Hong Kong people full responsibility to manage our own affairs. Article 145 of the Basic Law provides that the Government of the Hong Kong Special Administrative Region (HKSARG) shall, on its own, formulate policies on the development and improvement of the social welfare system in the light of economic conditions and social needs. Our policy for elders is to improve their quality of life and provide them with a sense of security, a sense of belonging, and a feeling of health and worthiness.

Ageing Trend in Hong Kong

3. Like many other places in the world, Hong Kong's population is ageing. The proportion of the population aged 60 or above will grow from 15% in 2001 to 25% in 2025. That is, by 2025, over 2.18 million, or one out of four Hong Kong people will be aged 60 or above. In 2001, the median age of the population is 36 compared to 31 in 1991. The elderly dependency ratio has also increased from 124 in 1991 to 154 in 2001.

Response of the Government of the Hong Kong Special Administrative Region (HKSARG)

4. To meet the rising challenges of an ageing population, the HKSARG has adopted a proactive approach to understand the phenomenon of ageing, and to target Government's response to the identified area of needs. In 1997, the Chief Executive, the Head of the Hong Kong Special Administrative Region, designated 'Care for Elders' as one of his strategic policy objectives, with the aim of improving the quality of life of our elders and providing them with a sense of security, a sense of belonging, and a feeling of health and worthiness. In the same year, the Chief Executive established the Elderly Commission (EC), a high-powered body which comprises professionals, academics, and service providers, to provide advice to the Government on policies and services for elders.

Areas of Focus

5. To achieve the above policy objective, we have, with the advice of EC, focused on the following areas in the past five years-

- (a) Financial support for older people
- (b) Better housing for older people
- (c) Long term care
 - home and community care
 - residential care
- (d) Active and healthy ageing

Financial Support for Elders

Current Situation

6. We have been examining how we can develop a sustainable financial support scheme for our needy elders in the light of the ageing population, drawing reference from the "Three Pillar Approach" recommended by the World Bank for old age financial protection -

First Pillar A privately managed mandatory provident fund

Second Pillar Private savings, investments and annuities

Third Pillar A social safety net to provide financial protection to needy elders to meet their basic needs

7. Under the First Pillar, we have established the Mandatory Provident Fund in December 2000 which is a privately managed but mandatory retirement fund for the working population. The HKSARG is reviewing the existing social safety net for elders under the Third Pillar to ensure that it is sustainable in the long run having regard to our ageing population and simple and low taxation system.

8. Currently, elders in Hong Kong who are in financial need can apply for the Comprehensive Social Security Assistance (CSSA) Scheme for financial assistance. The CSSA Scheme is a means-tested social safety net to provide income support to persons who suffer financial hardship for various reasons such as old age, disability, illness, unemployment and low earnings. The CSSA Scheme is designed to bring the income of such individuals and families up to a prescribed level to meet their basic needs. Assistance under the scheme is comprehensive, covering financial assistance for basic needs, and special needs such as rent, school fee, residential home fee, dietary supplement etc. Recipients also receive free medical attention in Government hospitals and clinics. As at the end of December 2001, about 15.8% of our elders aged 60 or above (about 160,000 persons) are receiving assistance from CSSA, with average monthly payment of about HK\$4,000 (US\$513), accounting for 57% of the total CSSA caseload. In 2001-02, expenditure amounted to HK\$7.2 billion (US\$923 million), which was a 53% increase compared with HK\$4.7 billion (US\$603 million) in 1997-98.

9. In addition, we also have the Old Age Allowance (OAA) Scheme which is designed to meet the special needs of the elderly. For elders aged 65 – 69, they receive a monthly payment of HK\$625 (US\$80) subject to making an income and asset declaration, while those aged 70 or above receive HK\$705 (US\$90) regardless of means. As at the end of December 2001, 458,000 older persons were receiving OAA, representing 60% of the population aged 65 or above. Expenditure on OAA amounted to HK\$3.9 billion (US\$500 million) in 2001-02, representing an increase of 20% compared to HK\$3.2 billion (US\$410 million) in 1997-98.

10. Altogether over 600,000 older persons are receiving financial assistance through either the CSSA or OAA. This represents 61% of the population aged 60 or above and 78% of those aged 65 or above. Total Government expenditure in financial assistance for elders was HK\$11 billion (US\$1.4 billion) in 2001-02, representing an increase of 40% compared to HK\$7.9 billion (US\$ 1.0 billion) in 1997-98. Both the CSSA and OAA Schemes are funded entirely from General Revenue and are non-contributory.

Future

11. Our objective in the coming years is to strengthen the three pillars mentioned in paragraph 6, and one key strategy is to develop a sustainable social safety net that better targets resources at those needy elders to meet their basic needs, and which takes account of our local circumstances, especially our low and simple taxation system.

Better Housing for Elders

Current Situation

12. In Hong Kong, about 2.1 million people (31% of our population) live in public rental housing estates which are subsidized housing. Others live in private sector housing. About 56% of our elders live in subsidized public housing estates. The major provider of subsidized public housing in Hong Kong is the Hong Kong Housing Authority, which was set up in 1973 to implement the majority of Hong Kong's public housing programmes. In addition, the Hong Kong Housing Society which is an independent non-profit-making organization established in 1948, also provides specific categories of complementary housing at non-prohibitive rates.

13. Through specific measures designed to allocate priority to elderly households, the number of elderly households on the Housing Authority's waiting list for public rental housing have significantly reduced from 16,000 in 1997 to the present 8,505. All elderly households (i.e. those households with all members, no matter related or not, aged 60 or above) which registered for public rental housing before the end of March 2001 will be allocated flats before the end of 2003. Households with elderly members are also allowed to opt for flats in urban districts so as to allow the elders to

continue to age in a familiar environment. In August 2001, a pilot scheme to offer rent allowance to elderly applicants with a waiting time of one year to enable them to rent private sector accommodation meeting their personal preference was launched by the Housing Authority. So far, 471 elderly applicants have opted for the rent allowance. The Housing Authority also offers a mix of flats including hostel-type and self-contained small flats to old persons according to their preferences.

Future

14. To actualize the concept of ageing in place, a number of pilot schemes are being implemented. For example, the Housing Authority will implement “universal design” and provide integrated care services in rental estates with a high concentration of older persons; the *Senior Citizen Residence Scheme*, run by the Housing Society, gives elderly people in the middle income group access to affordable, purpose-built accommodation with integrated care services. The Government is also developing a pilot scheme to encourage the private sector to provide elderly housing.

Long Term Care

Current Situation

15. Most older people are healthy and independent. For the small proportion of elders with chronic illnesses and functional disabilities who require assistance for their care needs on a long term basis, our long term care programme aims to provide comprehensive, client-centred and integrated services. We also provide appropriate support for family carers. Our system is structured around two main forms of care delivery: community and residential care. Together, the community and residential care programmes offer older people and their families a broad range of services and support, depending on their needs and circumstances.

16. To ensure our resources target at those elders most in need, we have adopted a standardized care need assessment tool for all elders who apply for subsidized long term care services. The tool has achieved several objectives: more precise matching of services to care needs; helping to establish a single entry point for all subsidized community and residential care services; and the assessment results provide the basis for individual care

planning for elders receiving the services.

17. We are moving to a more appropriate mix of care from institutions towards the community. This shift of emphasis means whenever possible, elders are assisted to stay in their own homes, where they prefer to be. We have introduced enhanced community care services, which come in the form of individually tailored packages, for frail elders assessed to require a range of services in their own homes. For carers, we have a range of services including day and residential respite for elders, carer support centers, and provision of information, training and emotional support.

18. When frail, older people can no longer be assisted to stay in their homes, care is available in residential care homes. Residential care in Hong Kong is provided by both non-governmental organizations (NGOs) and the private sector. It is our objective to continue to improve quality and cost-effectiveness, and to increase users' choice, via this mixed mode of service provision.

19. For new purpose-built care home premises provided by Government, we are selecting operators through open tendering, inviting both NGOs and private operators to participate in the provision of quality subsidized and non-subsidised places. To ensure quality, these service contracts are awarded on the basis of a much greater emphasis on quality rather than price. In addition, successful bidders will be monitored in a vigorous manner to ensure compliance of contract terms and agreed performance standards.

20. We place strong emphasis on upgrading the care capability of both our community and residential care services. We do so by strengthening the multi-disciplinary approach, and through enhancing our training programmes to equip the professional and non-professional staff with the requisite skills and knowledge.

Future

21. In the coming years, as a viable alternative to institutional care, we will continue to expand the enhanced community care services and re-engineer existing services to benefit more elders. We will also continue

to build integrated facilities in the community, to provide at one stop the services and support required by families to look after their frail elders at home.

22. Within residential care, we are moving towards integrating the various levels of long term care traditionally provided by different institutions. Instead of building different categories of homes - home for the aged, care and attention home, and nursing home - the idea is to build only one type of residential care home in future, which will provide continuum of care services, to cater for elders of different care needs at different stages of their lives. This will remove the need for elders to move from one institution to another upon deterioration of their health. In this context and in the longer term, we will also explore the most appropriate setting to operate infirmary services, which now come under hospital care.

23. We will continue to develop a sustainable and quality residential care system with participation from NGOs and the private sector. We will also continue to facilitate private care homes to upgrade their service quality to provide more choices to elders and their families. The measures we have adopted include a purchase programme of places from the private sector at higher than licensed standards, strengthening training for staff, dissemination of information on care homes to the public, and stepping up prosecution against care homes that breach licensing conditions. We have also commissioned a pilot study on development and establishment of an accreditation system for care homes in Hong Kong, with the objective of raising quality of service.

24. With the progressive introduction of the 'continuum of care' concept in both the community and residential care settings, adequate medical and allied health support will become very important. We will continue to explore and pursue initiatives to improve the interface between the medical and health, and the social welfare sectors.

Active and Healthy Ageing

25. As the majority of our elders are healthy, we should enable them to continue to lead an active and healthy life. We recognize that much disability and ill health in later life are preventable if we take a life-course approach to promote active and healthy ageing in the community, targeting

not only the current generation of older population, but also the future olds. In this connection, the EC has launched a three-year Healthy Ageing Campaign in 2001 to promote active and healthy ageing with four strategic directions:

- promoting personal responsibility
- strengthening community action
- creating a supportive environment
- improving the image of ageing

26. The Campaign has organized central public education and publicity programmes in the first year, and has also supported community projects of multifarious themes promoting the physical and psychosocial well-being of elders to encourage community level participation in healthy ageing.

27. There is also an extensive network of health and welfare services providing health promotion and social services to support elders. For example, elderly health centres and visiting health teams are in place to provide preventive and promotive health services to elders (see paragraph 29 below). Support teams have been set up to provide social networking and outreaching services to vulnerable elders. We have also been encouraging senior volunteerism and lifelong learning among elders so that elders can achieve a sense of worthiness as they age. Many NGOs run learning programmes providing interest classes, classes in life skills and IT skills, and reading and language classes for elders in their social centres. With concerted efforts from various government departments, many projects are being organized to encourage community participation in promoting healthy ageing.

Health Care Service for Elders

28. Ensuring the provision of adequate medical services for a growing and ageing population is one of the key policy objectives of the HKSARG. In this connection, the Hospital Authority and the Department of Health (DH) of the HKSARG currently provide a full range of in-patient, out-patient, ambulatory and community-based services, operating 44 public hospitals and institutions, 74 general out-patient clinics and 91 specialist out-patient clinics. The services are provided to all, including the elders. It is also the HKSARG's policy that no one, including elders, should be

prevented, through lack of means, from obtaining adequate medical treatment. Under this policy, a system has been put in place to waive, reduce or remit the medical charges required for patients, including elders, who cannot afford to pay the fees charged by public hospitals and clinics.

29. Apart from the general services, we have also provided a number of direct health care and related services for the elders:

- (a) Elderly Health Centres (EHCs): EHCs provide preventive and curative services to persons aged 65 or above. They are staffed by multi-disciplinary teams - doctors, nurses, dieticians, clinical psychologists, physiotherapists and occupational therapists - and are equipped to address the multi-dimensional needs of the elderly. For high risk elders attending EHCs, early detection and management is facilitated through health assessments;
- (b) Visiting Health Teams (VHTs). VHTs visit elderly centres and institutions to disseminate information on healthy ageing; offer professional advice to service providers; provide support and training to carers; and provide vaccinations for elderly people living in residential homes; and
- (c) Priority attention at general out-patient clinics: patients aged 65 or above are accorded priority for medical consultations and dispensing services.

Summary

30. Over the past five years, the HKSARG has put in a lot of efforts to review and re-engineer direct services for elders, in the areas of housing, home and community care and residential care etc. We have also adopted a preventive and life-course approach in promoting healthy lifestyle and a positive image of ageing, and provided targeted health care service for elders.

Reinventing Ageing

31. Looking ahead, the HKSARG recognizes that population ageing presents challenges as well as opportunities. Society itself needs to create a conducive environment to enable older people to continue performing roles

that fulfill themselves personally, socially and economically. Public and social institutions need to be adapted to embrace and enlist the experience and energy of older persons for the benefit of both the society and themselves.

32. It is our vision that the society will look at older people not simply as individuals needing help, but as people having much to offer and wanting to give. We also hope to build an ageless society, or a society for all ages that does not rigidly define age nor create age-barriers, and a barrier-free and age-integrated environment that enables all-age access and multi-generational encounters.

33. The HKSARG, with the advice from the EC, will seek to engage the community in reinventing the concept of ageing and rethinking our policy. Such process needs to take an intergenerational, cross-sectoral and multi-disciplinary approach.

Way Forward

34. We will take a cross-sectoral and multi-disciplinary approach to meet the changing needs of an ageing society, involving not only individuals, but also the family, the community and the government. We will continue our efforts to further improve the services for our elders, having regard to their care needs and individual preferences. We will also continue to mobilize the community, not just the current generation of older population, but also the future generations, to adopt an active and healthy lifestyle.

35. To meet the changing needs of an ageing population, we will also endeavor to improve the community's understanding of ageing as a natural, continuous and positive process, and to encourage public and social institutions to consider the wider implications of demographic changes, and to adopt changes which will be inclusive of elders in their overall planning and framework. Hong Kong, like many other places in the world, needs to reinvent the concept of ageing.