

Community Care Fund
“Pilot Scheme on Home Care and Support for Elderly Persons with
Mild Impairment”
Evaluation Report

Purpose

This paper aims to report on the implementation of the extended “Pilot Scheme on Home Care and Support for Elderly Persons with Mild Impairment” (Pilot Scheme) under the Community Care Fund, the evaluation of the Pilot Scheme, and the incorporation of the Pilot Scheme into regular service of the Government upon its completion.

Implementation

2. Launched in December 2017, the three-year Pilot Scheme aims at providing home care and support services to low-income elderly persons assessed to be with mild impairment and waitlisted for Integrated Home Care Services (Ordinary Cases) (IHCS(OC)), with a view to delaying their health deterioration and facilitating their ageing in place. Upon its completion in end-November 2020, the Pilot Scheme has been extended for 25 months until the end of December 2022, providing a total of 4 000 service places.

3. 55 Integrated Home Care Services (IHCS) Teams from 24 non-governmental organisations have joined the Pilot Scheme as approved service providers (ASPs) to conduct assessment for elderly persons, and provide them with the required home support services, including personal care, home-making, simple nursing care, escort service, purchase and delivery of daily necessities, etc. In July and August 2022, another 6 IHCS Teams have also joined the extended Pilot Scheme and became ASPs¹. Accredited assessors conduct assessment for elderly persons using a simplified and standardised assessment tool developed for the Pilot Scheme by the Sau Po Centre on Ageing (CoA) of The University of Hong

¹ All 61 IHCS Teams subvented by the Government across the territory have joined the Pilot Scheme to provide services for elderly persons with mild impairment.

Kong, and, upon discussion with eligible elderly persons, arrange suitable services for them with reference to the assessment results.

4. To meet the service needs of elderly persons, the services of extended Pilot Scheme has been strengthened since December 2020. The ceiling for the service quantity of meal service per month has been increased from 50 meals to 62 meals whereas the ceiling for the service hours for home services has increased from 12 hours to 15 hours. The ceiling of monthly service value has raised from \$2,850 to \$3,658.

5. As at end-June 2022, a total of 5 960 elderly persons waitlisting for IHCS (OC) had undergone the simplified assessments upon invitation to join the Pilot Scheme. Among them, around 5 570 were assessed to be with mild impairment, and vetted eligible under the Pilot Scheme. They were referred to service teams for follow-up. A cumulative total of around 4 860 elderly persons have received services with a total subsidy amounting to around \$184 million.

6. Among the 4 860 elderly beneficiaries mentioned above, about half (49.1%) received home services only, while those who received meal services only and those who received both home and meal services accounted for 22.1% and 28.8% respectively; the total number of various home services provided for them was over 177 500, with nearly half of the services (49%) referred to general household or domestic chores. Please refer to **Appendix 1** for service statistics of the Pilot Scheme.

Consultancy Study

7. Social Welfare Department (SWD) commissioned CoA to conduct an evaluation of the effectiveness of the Pilot Scheme, and the Final Report of the Consultancy Study was completed in March 2022. Findings of the study revealed that the services rendered under the Pilot Scheme helped prevent elderly persons' health deterioration, and improved their self-rated health, degree of loneliness, frequency of fall, fatigue, dyspnea and cognitive performance. For various statistics related to elderly persons' initial eligibility assessments and the first-year follow-up assessments, please refer to **Appendix 2**. In addition, the simplified and standardised assessment tool was found to be highly reliable and user-friendly, as well

as effective in helping social workers identify elderly persons with mild impairment. Service users were of the view that the Pilot Scheme could improve their quality of life, while relieving some of the burden of the carers, facilitating ageing in place of elderly persons and reassuring their family members.

8. Based on these findings, the Final Report of the Consultancy Study put forward the following key recommendations:

- (i) Train new assessors on a regular basis to address manpower shortage due to staff turnover;
- (ii) Develop an enhanced computer system, including setting up an integrated platform for inputting waitlisting records, assessment data and service delivery data, and allowing data exchange with the Long Term Care Services Delivery System (LDS);
- (iii) Integrate the Pilot Scheme into other community support services and refer elderly persons to services which they may be eligible for and in need of; and
- (iv) Regularise the Pilot Scheme as it supports elderly persons and their carers in the community.

Follow-up Actions

9. In view of the regular staff movements and turnover in ASPs, SWD organised a training course in November 2021 to train more accredited assessors to provide the related services. As at September 2022, a total of 228 qualified assessors have been trained under the Pilot Scheme. SWD further organised another training course with 75 places in November 2022, and would continue to provide assessors training as necessary. In addition, to further enhance the computer system for the simplified and standardised assessment tool and set up an integrated platform, SWD has developed the System for Service Delivery for Elderly Persons with Mild Impairment (SDMI). The main functions of SDMI include (i) storing data relating to IHCS(OC) waiting cases; (ii) building an integrated platform for assessors to input assessment data and service delivery data; and (iii) collecting from LDS the assessment results of

elderly persons who are assessed to be in need of home support services under the Standardised Care Need Assessment Mechanism for Elderly Services and the elderly persons under such category do not have to undergo further assessment using the simplified and standardised assessment tool. SWD will continue to enhance communication between IHCS Teams and community support services units and promote service integration.

Conclusion

10. The Pilot Scheme provides home care and support services for elderly persons with mild impairment, with a view to delaying their health deterioration and facilitating their ageing in place. As announced in the 2022-23 Budget, the Government incorporated the Pilot Scheme into its regular service in January 2023.

Social Welfare Department
March 2023

**Pilot Scheme on Home Care and Support for
Elderly Persons with Mild Impairment**

**Service Statistics
(As at 30.06.2022)**

1. Overall statistics

No. of elderly persons waitlisted for IHCS(OC) and were invited to join the Pilot Scheme		5 960
Assessment result	With mild impairment	5 568
	No impairment	223
	Recommended for further assessment	169
No. of elderly persons who were assessed to be with mild impairment and applied for the Pilot Scheme		5 503
No. of elderly persons vetted eligible and referred to service teams		5 131
No. of elderly persons received services and subsidies		4 863
Types of services received by elderly persons	Home services	2 388
	Meal service	1 073
	Meal and home services	1 402
Subsidy disbursement		about \$184M

2. No. of beneficiaries with breakdown by co-payment categories

Co-payment categories ^[Note]	No. of beneficiaries (Percentage)
I	1 964 (40.4%)
II	2 399 (49.4%)
III	235 (4.8%)
IV	230 (4.7%)
V	35 (0.7%)
Total	4 863 (100%)

[Note] The 5 co-payment ratios for meal service are 20%, 30%, 35%, 40% and 45% of the service value, while the 5 co-payment ratio for home services are 0%, 9%, 15%, 21% and 27% of the service value. For Categories I to III, service fees per meal and per service hour are set with reference to the fee charging on individual service items of the Integrated Home Care Services.

3. Service provision

(i) Breakdown by service type of 4 863 beneficiaries:

Service type	No. of beneficiaries (Percentage)
Home services	2 388 (49.1%)
Meal service	1 073 (22.1%)
Meal and home services	1 402 (28.8%)
Total	4 863 (100%)

(ii) No. of home services provided by service teams:

Type of home services	No. of services provided ^[Note 1]
Personal care	4 705
Home-making	87 774
Simple nursing care	25 477
Escort	29 034
Purchase and delivery of daily necessities	13 527
Others ^[Note 2]	17 003
Total	177 520

[Note 1] Service user can receive multiple home services.

[Note 2] Other services include physical exercise, home safety assessment and health management and support to carers of the service users, etc.

(iii) Services for preventing functional deterioration provided by service teams under case management approach:

Service content	No. of services provided
Counselling	3 030
Groups	887
Talks	623
Physical exercises	9 133

Appendix 2

Changes between the initial eligibility assessment and the first-year follow-up assessment

		Meal service only (N=185)		Home service only (N=968)		Both services (N=412)		Total (N=1 565)	
		N	%	N	%	N	%	N	%
Self-rated health	deteriorated	20	11.2	137	14.4	57	14.1	214	13.9
	maintained	112	62.6	577	60.5	262	64.9	951	61.9
	improved	47	26.3	240	25.2	85	21.0	372	24.2
	net changes	27	15.1	103	10.8	28	6.9	158	10.3
Frequency of Pain	deteriorated	35	19.0	247	25.6	81	19.8	363	23.3
	maintained	103	56.0	491	50.8	239	58.4	833	53.4
	improved	46	25.0	228	23.6	89	21.8	363	23.3
	net changes	11	6.0	-19	-2.0	8	2.0	0	0.0
Fatigue	deteriorated	32	17.5	167	17.3	84	20.6	283	18.2
	maintained	106	57.9	599	62.0	240	58.8	945	60.7
	improved	45	24.6	200	20.7	84	20.6	329	21.1
	net changes	13	7.1	33	3.4	0	0.0	46	2.9
Dyspnea	deteriorated	24	13.1	110	11.4	56	13.7	190	12.2
	maintained	135	73.8	695	71.9	293	71.5	1123	72.0
	improved	24	13.1	161	16.7	61	14.9	246	15.8
	net changes	0	0.0	51	5.3	5	1.2	56	3.6
Frequency of fall	deteriorated	11	6.0	60	6.2	21	5.1	92	5.9
	maintained	157	85.8	849	87.8	356	86.6	1362	87.3
	improved	15	8.2	58	6.0	34	8.3	107	6.9
	net changes	4	2.2	-2	-0.2	13	3.2	15	1.0
Degree of loneliness	deteriorated	29	15.8	167	17.3	82	20.0	278	17.8
	maintained	111	60.7	549	56.8	237	57.7	897	57.5
	improved	43	23.5	251	26.0	92	22.4	386	24.7
	net changes	14	7.7	84	8.7	10	2.4	108	6.9
Cognitive performance	deteriorated	33	17.8	155	16.0	70	17.1	258	16.5
	maintained	119	64.3	631	65.3	271	66.1	1021	65.2
	improved	33	17.8	181	18.7	69	16.8	283	18.1
	net changes	0	0.0	26	2.7	-1	-0.3	25	1.6

Extracted from Final Report of “Consultancy Study on Pilot Scheme on Home Care and Support for Elderly Persons with Mild Impairment”.