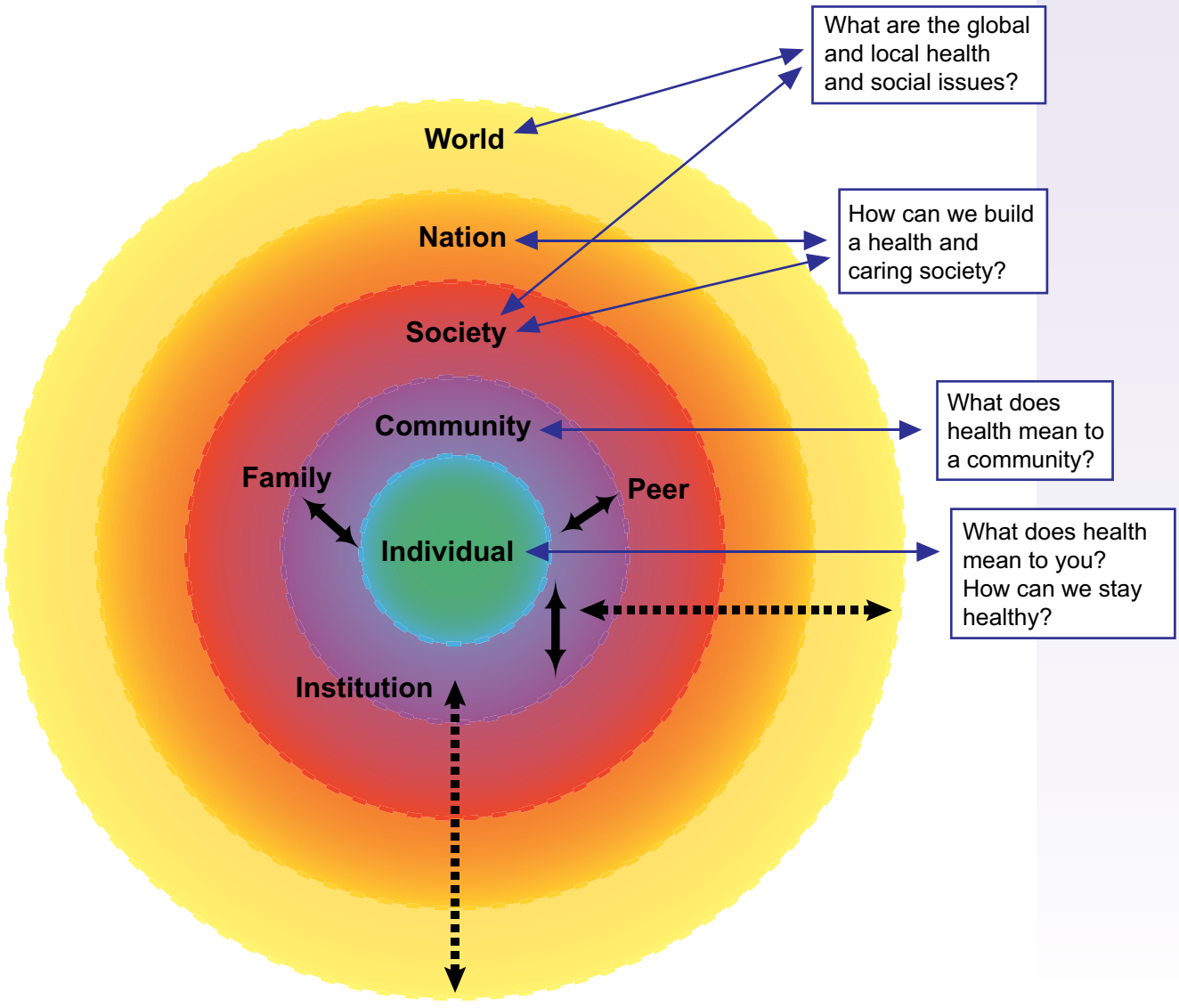
15A
Health and Social Care Issue – Ageing Population

Health Management and Social Care (Secondary 4-6)

Health Management and Social Care Booklets

The design of the HMSC curriculum rests on the notion of the interconnectedness of the various levels at which phenomena related to health and sickness, well-being and ill-being, and personal and community care are to be understood. The curriculum aims to enable students to explore all of these levels as well as the relationships between them. The different levels can be interpreted as the individual, the family, the peer group, the community, the institutional setting, society, the nation and the world (Figure 1).

Figure 1 The Various Levels and Essential Questions of HMSC



This part includes 19 booklets of learning and teaching reference materials for teachers. The topics and information in these booklets are selected and organized based on the five essential questions from various levels mentioned in the curriculum design in Chapter 2 of the Health Management and Social Care Curriculum and Assessment Guide (Secondary 4-6)(2007). Each essential question is elaborated in 2-5 booklets. The booklets facilitate teachers to develop an overall framework and identify the key concepts of the curriculum so that their students will be more able to critically assess the relevant issues. Details are as follows:

Levels	Essential Questions	Booklets	
Individual, Family and Peer	What does health mean to you?	1	Personal Needs and Development across Lifespan
		2	Health and Well-being
	How can we stay healthy?	3	Physical Well-being - Healthy Body
		4	Mental Well-being - Healthy Mind
		5	Social Well-being - Inter-personal Relationship
Community	What does health mean to a community?	6	Healthy Community
		7	Caring Community
		8	Ecology and Health
		9	Building a Healthy City
Society	How can we build a healthy and caring society?	10	Health Care System
		11	Social Welfare System
		12	Medical and Social Care Professions
		13	Health and Social Care policies
		14	Social Care in Action
Local and Global Societies	What are the local and global health and social issues?	15A	Health and Social Care Issue - Ageing Population
		15B	Health and Social Care Issue - Discrimination
		15C	Health and Social Care Issue - Domestic Violence
		15D	Health and Social Care Issue - Addiction
		15E	Health and Social Care Issue - Poverty

The expected learning outcomes in terms of knowledge, skills, value and attitude as well as the content outline will be listed as an overview. Teachers are advised to adapt and flexibly use the materials based on school or community situations, background of students, interest, learning skills and the previous knowledge of students. Social issues as well as the graphic organizers illustrated in Part 3.1.5 can be used to help student organize and analyze complex and abstract concepts so that they are able to construct their knowledge effectively, consolidate their learning and achieve deep understanding.

What are the local and global health and social issues?

In the modern society, personal problems and social issues are often closely related. Personal problems refer to the perceived threats to the well-being of a person at the individual level and on his/her life. Public or social issues occur between different social systems and organisations, leading to raised attention in the society. A personal problem can be a social issue at the same time. For example, ageing can imply the decline in physical functioning of an individual. When over a half of the population enters their elderly stage, it becomes a social issue.

In his book, Sociological Imagination (1959), C. Wright Mills proposes that sociological imagination can be used as a means, a tool or a perspective for understanding. A person with sociological imagination can understand social issues through imagining the meaning of the people and events in his/her life. He/she is able to link up personal problems with social issues. With sociological imagination, students are able to identify linkages of personal problems (such as internet addiction) and social issues and analyze social problems by considering a variety of factors such as the social systems.

The topics of Health Management and Social Care Curriculum and Assessment Guide included inBooklets 15A – 15E are listed on the next page:

Booklet		Topics in HMSC Curriculum and Assessment Guide
15A	Ageing Population	Compulsory part 2B Contemporary issues of vulnerability 2D Developments in the health and care industries 3B Developing health and social care / welfare policies 3C Implementing health and social care policies
15B	Discrimination	Compulsory part 2B Contemporary issues of vulnerability 3C Implementing health and social care policies
15C	Domestic Violence	Compulsory part 2A Structural issues related to health, social care and personal and social well-being 2C Recent increases in vulnerability and exposure due to lifestyle changes, globalization and family changes 4D Social care, healthy relationships, social responsibility and commitment in the family, community and groups 5B Health and social care services and agencies
15D	Addiction	Compulsory part 1B Factors which influence personal development 2B Contemporary issues of vulnerability 5C Mental health as a personal predicament and as linked to the social context 5B Health and social care services and agencies
15E	Poverty	Compulsory part 2A Structural issues related to health, social care and personal and social well-being 3B Developing health and social care / welfare policies 5B Health and social care services and agencies

15A Ageing Population

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Learning Targets

Through the study of the topic on ageing population, students are expected to:

Values and attitudes

- Reflect upon the problem of discrimination
- Show respect and care to the elderly

Knowledge

- Understand the impact and implications of the ageing population
- Evaluate the services and policies that support active ageing

Key Questions

To achieve the above learning targets, teachers may use the following questions to enhance understanding:

- What are the trends and the impacts of an ageing population?
- How does a socitety postively address the ageing population and its related issues?

15A.1 Healthy Ageing

(A) Personal Level

Health is defined by the World Health Organization as a state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity (For details, please refer to booklet (2)). It is a resource which enables the individual to fulfill his/her highest potential and maximize his/her capabilities, achieve successes at work, take part in social participation, and enjoy a good quality of life. Hence, in discussing health, the focus is not simply on the absence of diseases, but also on optimizing the individual's functioning, including the body and mind.

Growth and development at different life stages are introduced in Booklet (1). The most visible manifestation of lifelong ageing is the biological aspects characterised by rapid growth and development in early childhood and adolescence and changes in physiological functions in later adult life. The psychological aspects present another dimension of a continuous process of growth and development in an individual's personality and changes in mental functions. Changes in the physical, mental and social aspects of health result in late adulthood.

1. Physical Aspect

Biological ageing in older age is often associated with a decline in a number of physiological functions, resulting in symptoms such as deterioration in eyesight and greying of hairs. While the rate of physiological decline varies from person to person, it is important to recognize that the overall physical functioning of the body is mainly determined by our adaptive capacities and coping skills. Even in chronic illness and death, there is an optimum level of wellness and well-being that could be attained for each individual.

Physical activity is one of the most important things people can do to maintain their physical and mental health and quality of life as they get older. Physically active people can prolong their independence and lower their risk of heart disease, falls and injuries, obesity, high blood pressure, adult-onset diabetes, osteoporosis, stroke, depression, colon cancer and premature death. On the other hand, physical inactivity can be a serious health risk. Physical inactivity leads to decline in bone mass and muscle strength, heart and lung fitness and flexibility. Physical inactivity due to muscle weakness or an acute illness like a femur fracture can lead to further muscle weakness and ill-health.

Nutrition is the basis of health and an integral part of healthy ageing. Selecting a variety of foods from different food groups makes it possible for us to obtain the nutrients and fibre that the body needs. Unfortunately, elderly are particularly vulnerable to malnutrition, as they are more likely to have eating related problems e.g. chewing difficulties due to lack of dentures and swallowing difficulties due to weakened muscles and reflexes.

Coronary heart disease, a common cause of mortality among elderly, is closely related to a high consumption of saturated fat and cholesterol in the diet. A greater intake of fresh fruits and vegetables appears to have a protective effect not only for the chronic diseases but also cancer of the stomach and oesophagus. For elderly, these plant foods constitute an important source of fibre and can help to relieve constipation, which is a common problem due to less active intestines. Maintaining a healthy diet is therefore important for the elderly.

2. Mental Aspect

Psychologically, ageing is a continuous process of growth and adaptation involving the development of personality and changes in mental functioning. It is a learning and interactive process from which individuals accumulate experience in various facets of life. As individuals pass through various stages of their life, their exposure and experience would be different.

There are changes in mental functioning with ageing, i.e. relatively small declines in intelligence, learning and memory. The declines begin later in life than generally assumed and are less dramatic than popularly believed.

Some individuals may experience a loss of cognitive functioning as they reach an older age. Elderly who have problems in cognitive functioning will eventually experience stress in their daily life, relationships with family and friends, and roles in the community, along with an increasing incongruence between their competence levels and the demands of their environments.

It is, however, a misconception that loss of cognitive functioning is inevitable and irreversible as one ages. Nonetheless, the misconception, if held by elderly, can become a self-fulfilling prophecy. The perceived lack of control serves as a disincentive and results in a reduced use of and further decline in their cognitive functioning. For many elderly, the minor loss of cognitive functioning can be more than compensated for by the increased wisdom resulting from their enriched life experience.

To the extent that an older person remains healthy and intellectually active, the decline in mental functioning is slight and does not seriously impair an individual's ability to enjoy life in the later years.

3. Social Aspect

Entering into late adulthood, individuals unavoidably experience changes in the interpersonal relationship.

After retirement, some elderly may enjoy more leisure time with friends and family members. They may develop new hobbies and skills to live fuller life in the late adulthood. Some of them will also assist their families by taking care of the young children that supports other family members to stay in their work. Family has great impact on individuals' health and lifestyle. Family members can provide care and support to the elderly in their daily lives. Families also enable the elderly to observe the good healthy practices.

Retirement may result in the loss of role(s) an individual used to play in society for the most part of his/her life. This is also accompanied by the loss of daily interactions with people in the workplace and the associated personal relationships one had when one was at work. As elderly age, their children will grow up and many may move away to lead an independent life. The "empty nest" effect leads to the loss of a significant task in their daily lives, i.e. the nurturing of, caring for, and support for their children. As one grows old, it is inevitable that some of his/her friends, relatives and acquaintances will pass away. Other than bereavement, the older person's social network may gradually shrink.

(B) Societal Level

Attitude towards ageing

Society often uses age to determine the social needs and roles of individuals. It uses age to assign people to roles, to channel people into and out of positions within the social structure, as a basis for allocating resources, and as a way to categorise individuals.

There are many stereotypes of elderly that contribute to biases. Some commonly held stereotypes about elderly include senility, frailty, a reduced capacity to learn, an economic burden, inflexibility and stubbornness. Biases resulting from these stereotypes have serious consequences. For example, an elderly with a treatable depression, who reports symptoms such as lethargy, a decreased appetite, and lack of interest in activities, may be overlooked for treatment due to a belief that such symptoms are attributable to old age or that he is simply too old to change. Biases also exist in other levels: from discriminatory attitudes toward elderly by elderly themselves; discriminatory behaviours against elderly by individuals, and discrimination of elderly by institutionalised practices and policies. Some elderly may even internalize these discriminatory attitudes and biases. If the elderly believe that their future is somehow restricted, they will less likely engage actively in health education and promotion activities which are to their benefit.

On the other hand, some people regard that elderly are rich, healthy, mentally fit and able to live a quality life. Therefore, they do not see the need to help the elderly. Age discrimination may explain why people do not willing to help the elderly neighbour in the weakening community network.

Older workers need to face two types of employment problems. Firstly, they may experience difficulties in performing job responsibilities because of actual deterioration in physical or mental ability. Secondly, they may work for an employer who assumes the worker has suffered physical or mental deterioration, even if that is not the case.

Employers often tend to assume that physical and mental deterioration occurs concurrently when workers grow older, without carrying out any evaluation of the general capability and work proficiency of each of their older workers. Older workers are still looked upon as less productive, less adaptable, more rigid, and only looking forward to retirement. The facts are to the contrary. Ageing has no effect on productivity, except in physically demanding occupations. In fact, intellectual performance may improve with age, especially if the worker remains active and involved. Teachers, professors, doctors, writers, lawyers, and judges, among others, remain productive and highly motivated with advancing age and are able to adapt to new technologies.

Age discrimination is prevalent in some workplaces. The old age workers are reluctant to challenge acts of age discrimination as they often do not want to be involved in complex legal proceedings. Employers are aware of their passive attitude and this could be conducive to more discriminatory practices.

Understanding “ageing” and “ageism”

Ageing is a life course development which concentrates on the age sex related role transitions that are socially created, socially recognized and socially shared (B.L. Neugarten) i.e. biological + psychological + social.

Ageing is a broad concept that includes physical changes in our bodies over adult life; psychological changes in our minds and mental capacities, social psychological changes in what we think and believe, and social changes in how we are viewed, what we can expect, and what is expected of us.” (Acthley & Barusch, 2004:4)

“discrimination against older people on the basis of their age, which creates and fosters prejudice about the nature and experience of old age.” (Scruton, cited in Phillipson 1992)

“… is a negative attitude or disposition toward ageing and older people based on the belief that ageing makes people unattractive, unintelligent, asexual, unemployable, and mentally incompetent.” (Atchley & Barusch, 2004:439)

Reference:

Atchley, R.C. & Barusch, A.S. (2004) Social Forces & Aging. (10th Ed) Belmont, CA: Wadsworth/ Thomson.

Neugarten, D. A. (1996) (Ed) The meanings of age: selected papers of Bernice L. Neugarten. Chicago: University of Chicago Press.

Phillipson, C. (1992) Development in the field of social gerontology. Community Development Journal 27(2):182-8.

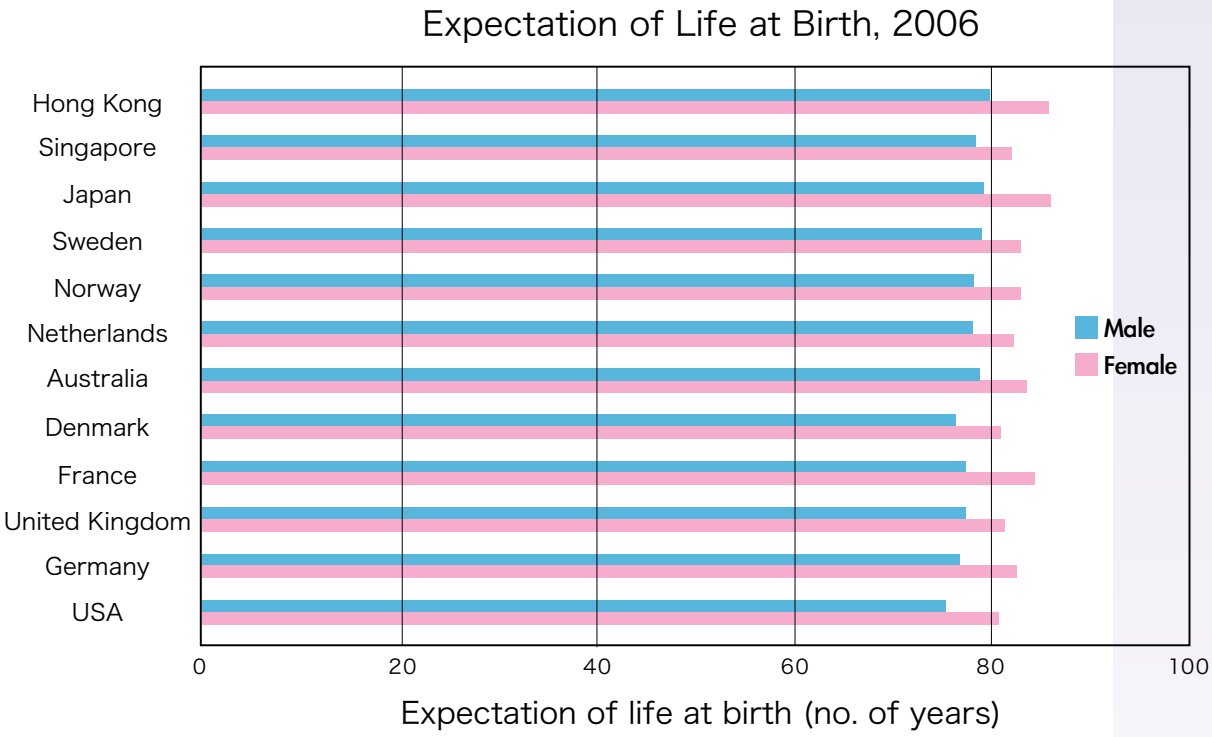
15A.2 Overview of World Population

(A) The Trend of the Hong Kong Population

1. People Living Longer Than Before

In the past thirty years, people in Hong Kong are now living have been expected to live longer than before. In 1999, a newborn male was expected to live 77.2 years and a newborn female, 82.4 years. In 2006, a newborn male was expected to live 79.4 years and a newborn female, 85.5 years. Both of these figures were among the highest in the world.

Figure 15A.1 Expectation of life at birth, 2006



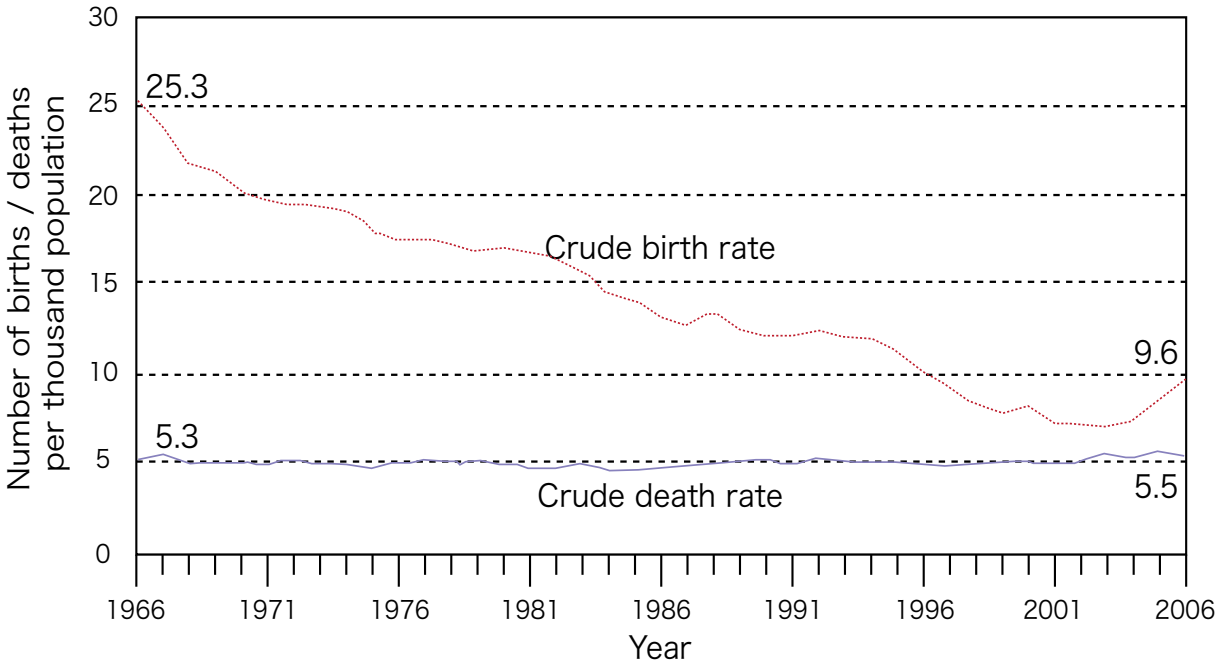
(Source: Census and Statistics Department — http://www.censtatd.gov.hk)

2. Birth Rate Declining

The birth rate of Hong Kong experienced a marked and continuous decline in the past 40 years, despite a moderate rebound recently. In 2001, it reached an extremely low level of 927 children per 1 000 women. The fertility rate in Hong Kong is almost the lowest in the world. With the promotion of the government, the rates in Singapore and Japan have risen to 1.2 and 1.3 babies per woman.

Over the same period, the death rate remained stable at about 5 deaths per 1,000 population in a year. The birth rate (or statistically the "crude birth rate") is derived by dividing the number of live births in a year by the mid-year population in the corresponding year. Similarly, the death rate (or statistically the "crude death rate") can be calculated by applying the same method. Decline in the birth rate is the main reason contributing to the ageing of the Hong Kong population. Because of the increase in the number of elderly, the crude death rate remained stable even though the age-sex specific mortality rates declined continuously.

Figure 15A.2 Crude birth rate and crude death rate

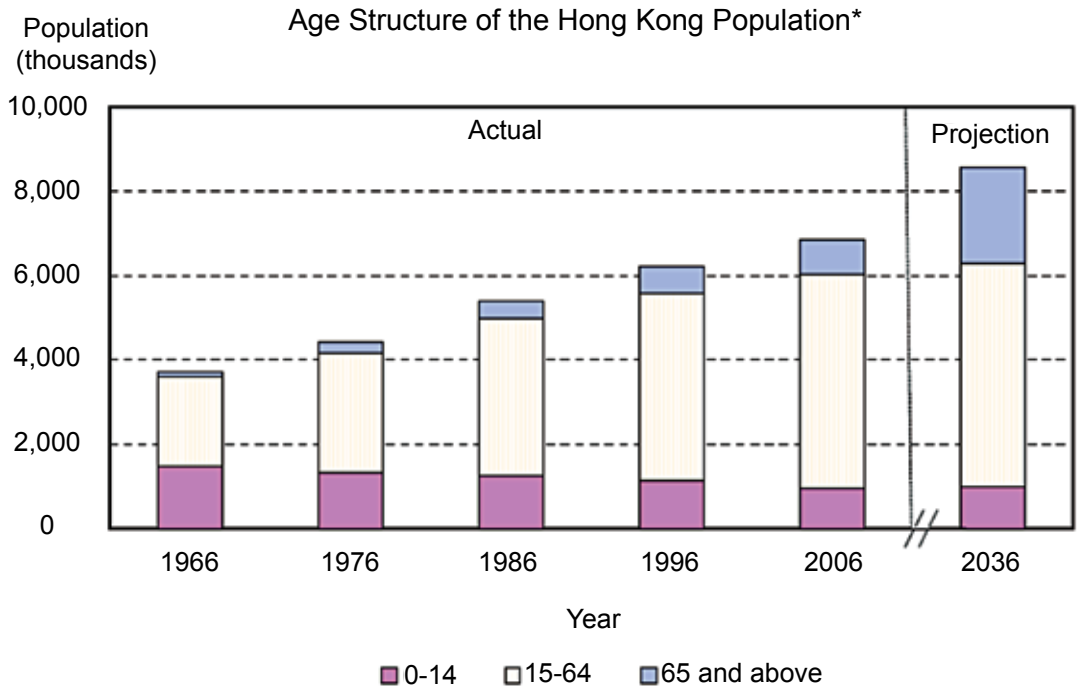


(Source: Census and Statistics Department — http://www.censtatd.gov.hk)

3. Ageing Trend

The statistics show a continuously ageing trend in the population in Hong Kong. The median age of the population rose from 20 in 1966 to 39 in 2006. The median age means that half of the population is above this age while the other half is below it. It is an indicator of the average age of the population. The population projections above show that the median age will further increase to 46 by 2036. The proportion of the older population increased from 3.3% in 1966 to 12.4% in 2006. It is projected that there will be 26.4% in 2036.

Figure 15A.3 Age Structure of the Hong Kong Population



	1966	1976	1986	1996	2006	2036 (Projection)
Median Age*	20	23	28	34	39	46

Figures based on population by-censuses and the Hong Kong Population Projections, 2007 - 2036.

(Source: Census and Statistics Department — http://www.censtatd.gov.hk)

(B) The Trend of World Population

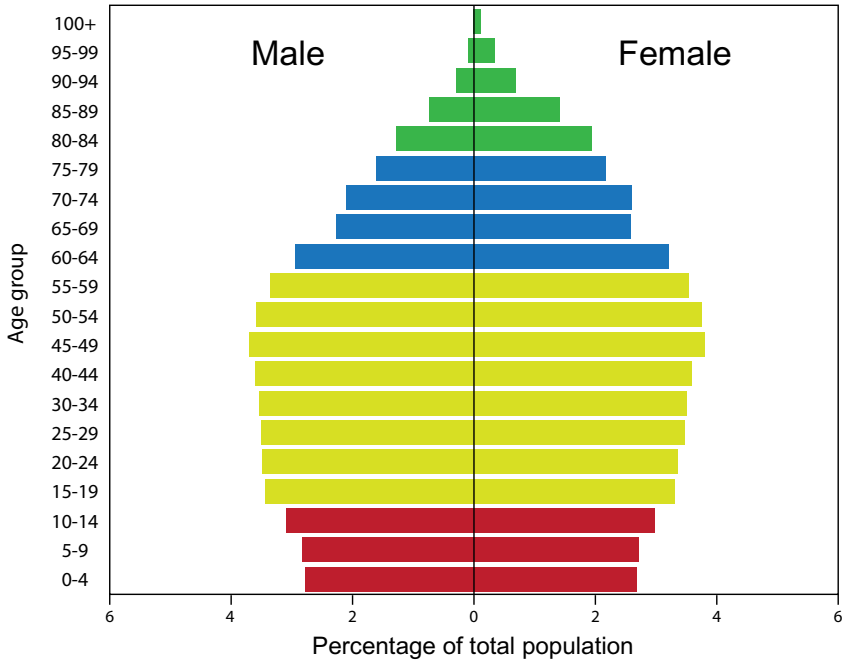
Ageing population has become a global issue. According to the following data (Figure 15A.4) provided by the United Nations, in 1985, the population of 79 years of age or older accounted for about 0.9% of the world population and the median age was 23.8. It is estimated that by 2025, the population of 79 years of age or older will account for 2% of the world population and the median age will rise to 32.8. Ageing population is more prominent in the developed countries (Figure 15A.5) than developing countries (Figure 15A.6).

Figure 15A.4 Changes and Trend of World Population

	1985	1995	2005	2015	2025
World population<15	33.5%	31.5%	28.1%	25.9%	24.1%
World population>59	8.9%	9.5%	10.4%	12.4%	15.1%
World population>79	0.9%	1.1%	1.3%	1.7%	2.0%
Median age	23.8	25.7	28.1	30.4	32.8

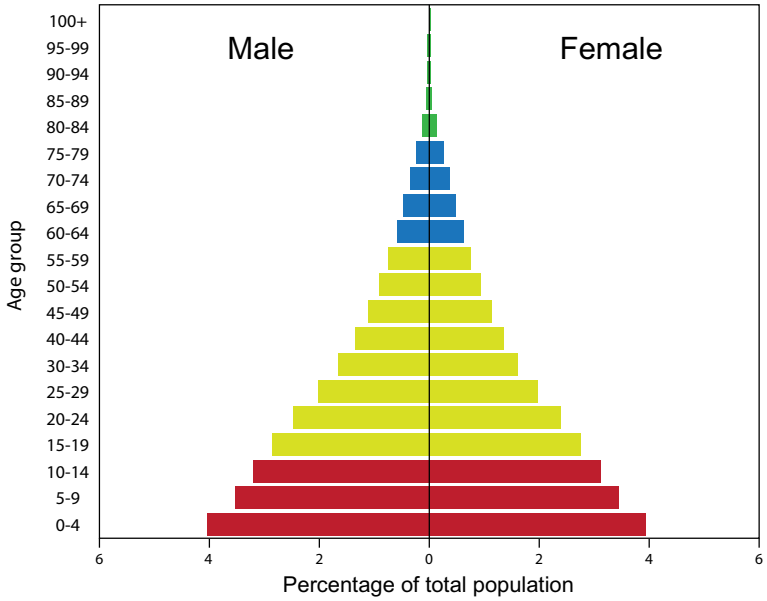
Source: United Nations Programme on Ageing
http://www.un.org/esa/socdev/ageing/index.html

Figure 15A.5 Developed Countries – Older Population



Source: United Nations Programme on Ageing
http://www.un.org/esa/socdev/ageing/index.html

Figure 15A.6 Least Developed Countries – Younger Population



Source: United Nations Programme on Ageing
http://www.un.org/esa/socdev/ageing/index.html

Ageing population is an issue in Asian countries. According to the information given by the United Nations in figure 15A.7, the population of the elderly aged 60 or over in Tokyo will increase sharply to 42% in 2050. About one in every two households will have a head of house who is 60 or over.

China's one-child policy dramatically lowered population growth. By 2050, 39% of the population may be older than age 60. Ageing population will be an issue in China especially when there is no formal social safety network in rural areas to prepare for the ageing population.

In Singapore, about 38% of the population will be above 60 years old by 2050. When Singapore 21 was established in 1997, the Prime Minister of Singapore considered one of the five the dilemmas was whether to pay attention to the needs of elderly or the future of the young people.

Figure 15A.7 The Percentage of Population aged 60 or above

	2006 (%)	*2050 (%)*
Hong Kong SAR	11	31
Macau SAR	11	41
Mainland China	16	39
Korea	14	41
Japan	27	42
Singapore	13	38

Source: United Nations Programme on Ageing
http://www.un.org/esa/socdev/ageing/index.html

(C) Problems Resulted from Ageing Population

1. Increase in elderly dependency ratio

The fertility decline raises the size of the working-age population relative to the population of children (those under age fifteen). This demographic shift enables societies to spend less, for example, on schools expenses and to invest the savings in economic growth. But such benefits materialize only if members of the working-age population are gainfully employed and have opportunities to expand their assets. Eventually dependency ratios rise again as workers age. It will soon happen in East Asia and Eastern Europe.

The figures below show that the child dependency ratio will decline from 223 in 2002 to 182 in 2031. However, the elderly dependency ratio is expected to increase gradually from 158 in 2002 to 198 in 2016 and then rise markedly to 380 in 2031, as the post-war baby-boomers (those born in the 1950s and the early 1960s) join the "old-age" group in the latter period.

Figure 15A.8 Dependency Ratio 2002-2031

Year	Child	Elderly	Overall
2002	223	158	381
2006	203	162	365
2011	180	164	344
2016	178	198	376
2021	179	245	424
2026	180	313	493
2031	182	380	562

The population of dependent elderly is increasing. The smaller number of working-age persons would directly feel the extra burden of having to contribute to the support of a relatively larger number of elderly people requiring more health care. Similarly, the Government would be in the difficult position of having to rely on revenue from a smaller pool of working people to fund its increasingly costly healthcare programmes.

2. Increase in social security payments

Steep increases in the public expenditure of social security form another serious economic problem caused by an ageing population. Persons aged 60 or above receive financial assistance through either the Comprehensive Social Security Assistance (CSSA) or the Old Age Allowance (OAA). Both schemes are funded entirely from General Revenue and are non-contributory.

The Government is also bound to provide financial assistance to the elderly people in need. Total Government expenditure in financial assistance for the elderly is about $11.8 billion in 2002-03, accounting for 5.4% of recurrent public expenditure. The CSSA and OAA Schemes are funded entirely from General Revenue and are non-contributory. If the rate of payment and eligibility for the OAA remain unchanged, it is estimated that by 2031, the total payment for OAA alone will rise to $10.4 billion. That for CSSA on elderly cases is estimated to leap-frog to $20.8 billion.

Old Age Allowance

Normal Old Age Allowance (NOAA) is payable to Hong Kong residents aged 65 to 69 and is subject to asset and income limits, while Higher Old Age Allowance, (HOAA) which is payable to those aged 70 or above, is not subject to a means test.

3. Increase in health care expenditure

Increasing expenditure that must be devoted to the healthcare of the elderly would be occurring at the same time as the elderly dependency ratio is increasing. Ageing population will bring the increase in chronic diseases. Therefore, the demand for various treatment and rehabilitation services will also increase. It makes the financial burden of health care system heavier.

According to the General Household Survey Special Topics Report No. 28 “Persons with disabilities and chronic diseases”, published in August 2001 by the Census and Statistics Department, 49% of the people aged 60 or over, as well as 18% of people in the 45 to 59 age group, suffer from one or more chronic diseases such as diabetes and heart disease and require long-term (i.e. lasting at least 6 months) medical treatment, consultation or medication. Chronic diseases are notoriously more expensive to treat. Thus, with a quickly greying population and a higher incidence of chronic diseases among older people, Hong Kong will have to devote an ever higher fraction of its Gross Domestic Product (GDP) to healthcare. This would not only bring personal hardship for individuals whose families have elderly people, but would also impose a severe fiscal burden on the Government.

Source: Report of the Task Force on Population Policy
http://www.info.gov.hk/info/population

15A.3 Government Strategies

(A) Changing the Demographic Structure

1. Increasing the Working Population

Many countries use "immigrants" as a means to address population ageing. For example, in Britain and Germany, related policies have been implemented to attract the migration of skilled workers. However, new immigrants do not guarantee to be a solution to the ageing population and the low fertility rate. Although some European countries introduce a large number of immigrants from Eastern Europe, North Africa and elsewhere, these new immigrants also have a lower fertility rate. There will be labour shortages upon the retirement of these people. Consequently, the need to keep attracting more immigrants remains.

In recent years, a number of immigrants from the Mainland are settling in Hong Kong. According to the data from 1997 to 2001, most of the new arrivals are children and spouses who have the right of abode. Immigrants of employment age (20 - 59) are more than those of young persons (below 19). The newly arrived adults have provided a stable workforce. From 1999 to 2001, they consisted 30% of the increase of the labour force every year. At the third quarter of 2002, they accounted for 2.1% of the total labour force. In 2005, a total of 75,000 people migrated into Hong Kong, of which 73% hold one-way permits. Among the 55,000 one-way permit holders, 60% were aged 24 to 49 who became part of the workforce in Hong Kong.

2. Increasing the Fertility Rate

Some of the mainland women come to Hong Kong to give birth in order to help their children obtain a right of abode in Hong Kong. Facing the ageing population caused by a declining birth rate, these babies born in Hong Kong may help to achieve population growth. According to the data of the Census and Statistics Department, the number of births in 2008 was about 78,700, of whom 33,600 were infants of mainland women and 45,100 were infants of local residents. However, mainland women are using the resources of the local obstetric services for pregnant women, and some do not pay. This incurs health care costs. Whether their children will be willing to stay and contribute to Hong Kong is still uncertain.

As the fertility rate in Hong Kong has been declining, the Hong Kong Family Planning Association stopped its propaganda of "two is enough" in the mid-1980s. Since then, the Family Planning Association and the maternal and child health centres of the Department of Health have focused on assisting women to develop a responsible attitude and to give birth to children based on an informed decision. The Hong Kong Family Planning Association also provides the public with pre-marital and pregnancy counselling services, educate the public and prepare parents through family planning. Examination, treatment and counselling are also provided to infertile couples. The Association also organizes a number of promotional activities, such as slogan competitions, to arouse public awareness of the choices of family planning, as well as quality and development of the local population.

Delay in marriage may be one of the main factors contributing to the ageing population. More and more people in Hong Kong do not get married or choose not to have any children after marriage. It is probably because of work pressure, job instability and the late age of marriage. Policies should be developed to encourage young couples to have their own children. It is important to create an economic environment which gives young people a sense of security and encourages the willingness to give birth by offering more job opportunities that enable them to rear and take care of children.

Since the 2003-2004 fiscal year, the Government has given the same amount of “child allowance" to parents for the third to the ninth child, which is less than those of the first two children in the past. This policy aims to encourage birth rate.

In order to support working parents, kindergarten-cum-child care centres are set up to provide care and education services to children below the age of 6. Extended Hours Service is also provided in some child care centres to meet the special needs of families and working parents who need longer hours of child care assistance. The low income families can also seek the financial assistance from the Child Care Centre Fee Assistance Scheme (CCCFAS) of Social Welfare Department.

(B) Active and Healthy Ageing

Active Ageing is the process of optimising opportunities for health, participation and security in order to enhance quality of life as people age. An active ageing approach seeks to eliminate age discrimination and recognize the diversity of older populations. Older people and their caregivers need to be actively involved in the planning, implementation and evaluation of policies, programmes and knowledge development activities related to active ageing (WHO, 2002).

WHO Publication on Active Ageing

http://www.who.int/ageing/publications/active/en/index.html

WHO developed a Policy Framework on Active Ageing. Active Ageing is defined as the process of optimising opportunities for health, participation and security in order to enhance quality of life as people age. Health, according to the WHO Constitution, refers to physical as well as social and mental well-being. Participation helps elderly live with autonomy. Security ensures the care to the needy elderly.

The policy for elderly in Hong Kong 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. In 1997, the Chief Executive designated 'Care for Elders' as one of his strategic policy objectives, with the aim of improving the quality of life of our elderly 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 community leaders, professionals, academics, and service providers, to provide advice to the Government on policies and services for elderly.

The Elderly Commission 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

The Campaign has organised central public education and publicity programmes and has also supported community projects of multifarious themes promoting the physical and psychosocial well-being of the elderly to encourage community level participation in healthy ageing.

There is also an extensive network of health and welfare services providing health promotion and social services to support the elderly. For example, elderly health centres and visiting health teams are in place to provide preventive and promotive health services to them. Support teams have been set up to provide social networking and outreaching services to vulnerable elderly people.

The Government also encourages senior volunteerism and lifelong learning among the elderly so that they can achieve a sense of worthiness as they age. Many NGOs run learning programmes that provide interest classes, life and IT skills classes, and reading and language classes for them in their social centres.

Elder Academy Scheme
http://www.elderacademy.org.hk

The Labour and Welfare Bureau and the Elderly Commission jointly launched a school-based Elder Academy Scheme in 2008, taking into consideration the unique situation of Hong Kong. Elder Academies are characterised by cross-sectoral collaboration and inter-generational harmony and aim to promote continuous learning among elderly, encourage them to widen their social networks, maintain physical and mental well-being and foster a sense of worthiness while acquiring knowledge. Apart from these, it also seeks to promote inter-generational harmony, civic education and cross-sectoral collaboration.

Compared to other elderly learning models elsewhere, the elder academies put much emphasis on "inter-generational harmony". Young students are encouraged to participate in voluntary work for the elder academies, such as acting as young teachers or assisting in the operation of the elder academies. Through participation, old people can learn new technology and knowledge to keep pace with the times while young students can get to know more about older people and learn from their valuable life experiences. More importantly, the scheme can promote mutual understanding to achieve inter-generational harmony.

Neighbourhood Active Ageing Project (NAAP)

The NAAP was launched in early 2008. With the elderly playing a leading role, the project seeks to establish neighbourhood support networks and enable older people to become a new driving force in the community. Through cross-sectoral collaboration, the project mobilises different organisations and individuals who are interested in serving the community to promote the message of active ageing and caring for the elderly.

Parties that participate in the “PNAAP – Prevention of Elderly Suicide”include welfare organisations across the territory, Community Mental Health Intervention Project Teams, the Personal Emergency Link Service, medical social workers, as well as the Elderly Suicide Prevention Programme and the Community Psychiatric Service of the Hospital Authority. District projects were also launched under the “PNAAP – Prevention of Elderly Suicide”. Apart from organising activities that promote the concepts of active ageing and neighbourhood support, the district projects set up elderly care groups with volunteers. Under supervision from social workers and other professionals, the elderly care groups provide support to older people in need.

(C) Sustainable Health and Welfare System

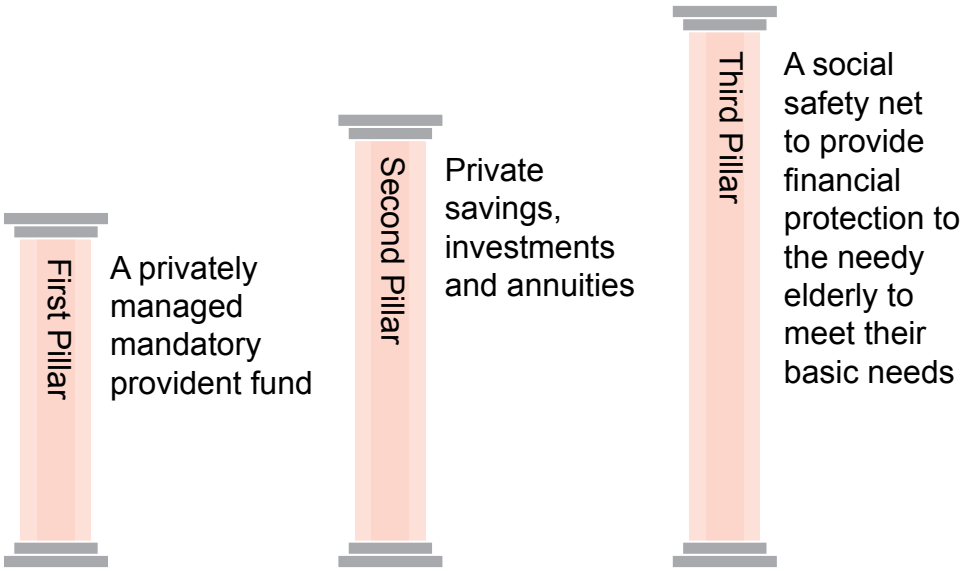
The Government of Singapore (GOS) will double its healthcare budget to about 8% of the GDP by 2030 to strengthen its medicare system and the community-based care programme. Both public and private initiatives were recommended to address the complex issues arising from a greying population. The GOS had also decided to allow the voluntary welfare organisations and the private sector to take over its role of building and operating nursing homes. To promote stronger family ties, the GOS has designed flexible "white" housing flats with no fixed partition in order to accommodate the extended family (three generation households could stay under the same roof) and encourage active 'grand-parenting'.

In the "Tokyo Plan 2000" (A strategic plan to describe the vision for Tokyo by the Japanese Government), the Metropolitan Government recognises the elderly as a vital force to support society (in terms of their knowledge, experience and skills). The importance of promoting the care ability of the community is taken as one of the policy goals.

In Hong Kong, the policies for caring for the elderly are as follows:

1. Financial Support for Elderly

In order to develop a sustainable financial support scheme for the needy elderly in the light of the ageing population, the government draws reference from the “Three Pillar Approach” recommended by the World Bank for old age financial protection –



Under the First Pillar, the **Mandatory Provident Fund** was established in December 2000 which is a privately managed but mandatory retirement fund for the working population.

Silver Market

Ageing population is a phenomenon experienced in most countries. The idea of 'silver market' originated in Japan. It is perceived as an opportunity to business for developing and marketing products for senior citizens. The following are two major concerns under silver market:

- how to tap on retiree's financial resources
- how to protect senior citizens as consumers

Under the Third Pillar, currently, the elderly 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 supplements etc. Recipients also receive free medical attention in government hospitals and clinics. In addition, the government also provides the Old Age Allowance (OAA) Scheme which is designed to meet the special needs of the elderly.

Increase of elderly (60+) receiving social security assistance 1991 - 2006				
	1991	1996	2001	2006
Elderly receiving CSSA	48,000	98,800	139,300	187,000
Elderly Population	711,000	891,000	1,013,000	1,099,000
Percentage(%)	6.8	11.1	13.8	17.0

Source: Hong Kong Social Security Society (1998) Poverty Watch No.4, June 98; Hong Kong Government Census & Statistics Dept Webpage; Social Welfare Department Webpage.

International comparison of elderly population receiving social assistance (in 1996)	
Country / region	Percentage of elderly on social assistance in total population
Hong Kong	2.1
Italy	1.3
Portugal	1.3
Belgium	1.1
Luxembourg	0.6
Sweden	0.4
Finland	0.3
Japan	0.3
Norway	0.2
Spain	0.1

Source: Hong Kong Social Security Society (1998) Poverty Watch No.4, June 98. (Social Assistance in OECD Countries: Synthesis Report. London: HMSO.1996)

2. Better Housing for Elderly

Housing and Residence Situation of Elderly

- ✧ The co-residence rate decreases
  - ♦ 1996: 60.3%
  - ♦ 2001: 56.8%
- ✧ Extended families decreases
  - ♦ 1996: 9.9%
  - ♦ 2001: 8.5%
  - ♦ 2006: 7.4%
- ✧ Nuclear families increases
  - ♦ 1986: 59.2%
  - ♦ 1991: 61.7%
  - ♦ 1996: 64%
  - ♦ 2001: 66%
  - ♦ 2006: 67%
- ✧ Housing for the Elderly
  - ♦ 2006 - 31% population living in public rental housing (PRH). 20.4% of the PRH tenants are elders (65+). They are the 46.5% of HK's singleton elderly population

The specific measures include priority to elderly households on the Housing Authority's waiting list for public rental housing. Households with elderly members are also allowed to opt for flats in urban districts so as to allow the them to continue to age in a familiar environment. The Housing Authority also offers a mix of flats including hostel-type and self-contained small flats to old persons according to their preferences. Meanwhile, the Housing Authority is implementing "universal design" and providing integrated care services in rental estates with a high concentration of the elderly; the **Senior Citizen Residence Scheme**, run by the Housing Society, gives the elderly people in the middle income group access to affordable, purpose-built accommodation with integrated care services.

Senior Citizen Residences Scheme (SEN)

Senior Citizen Residences Scheme (SEN) is one of the Housing Society's (HS) housing initiatives to serve the community. This prompted the HS to further pursue the SEN housing concept aiming to benefit the elderly by way of "healthy ageing" and "ageing in place". All SEN units are self-contained, incorporating special "software" and "hardware" elements to meet the changing needs of the elderly as they become frail. The operator will make use of the facilities at the podium of the SEN project in providing all sorts of "software" elements covering recreational, social and care services for the residents.

The SEN units are disposed of under a "long lease" arrangement. After paying an entry contribution, the elderly can live in the unit free of rental payment afterwards. Upon termination of the tenancy, a portion of the entry contribution, depending on the length of occupation, will be refunded to the elderly. During their tenancy, the elderly need only to pay monthly management fees which include basic services. They can also enjoy other optional services provided by the operator on a user-pays basis.

- ✧ Senior Citizen Residences Scheme (SEN)
  http://www.hkhs.com/sen_20040903
- ✧ Housing Society Elderly Resources Centre
  http://hserc.hkhs.com/

3. Long Term Care

Most elderly people are healthy and independent. For the small portion of the elderly with chronic illnesses and functional disabilities who require assistance for their care needs on a long term basis, the long term care programmes provide comprehensive, client-centred and integrated services.

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.

Regarding the community care, whenever possible, the elderly are assisted to stay in their own homes, where they prefer to be. The enhanced community care

services are introduced, which come in the form of individually tailored packages, for frail elderly who have been assessed and require a range of services in their own homes. For carers, there is a range of services including day and residential for them, carer support centres, and provision of information, training and emotional support.

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 organisations (NGOs) and the private sector.

Residential care is 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 the future, which will provide a continuum of care services to cater for the elderly with different needs at different stages of their lives. This will remove the need for them to move from one institution to another upon deterioration of their health. The measures adopted include a purchase programme of places from the private sector.

Residential care homes

Residential Care Services for elderly provide residential care and facilities to people aged 65 or above who, for personal, social, health and/or other reasons, cannot be adequately taken care of at home. All residential care homes for the elderly (except nursing homes) must be licensed under the Residential Care Homes (Elderly Persons) Ordinance. The Ordinance covers subvented, self- financing, contract and private residential care homes for the elderly. The Social Welfare Department also purchases places from private homes for the elderly under the **"Enhanced Bought Place Scheme" (EBPS)** to reduce elderly' waiting time for subsidised care-and-attention places.

At present, government-subsidised residential care services include: Hostels for the Elderly, Homes for the Aged, Care-and-Attention Homes and Nursing Homes. Since 1 January 2003, the Social Welfare Department has ceased to process new applications for admission into Hostels for the Elderly and Homes for the Aged. The Department now continues to accept applications for admission into government-subsidised residential care places in Care-and-Attention Homes and Nursing Homes.

Residential care homes

- ✧ **Private Homes for the Elderly Participating in EBPS**
  The Social Welfare Department has purchased places from private homes for the elderly under the Enhanced Bought Place Scheme with a view to upgrading the service standards of these homes through enhanced service requirements in terms of staffing and space. The Scheme also helps to increase the supply of subsidised places so as to reduce elderly' waiting time for subsidised care-and-attention places. The nature of services and admission criteria of bought places in the private homes are the same as those of Care-and-Attention Homes.
- ✧ **Subvented and Contract Homes**
  The Social Welfare Department provides funding for the operation of subvented homes. The Department monitors contract homes according to contract terms.
- ✧ **Private Homes (Non-subsidised Places)**
  Private residential care homes for the elderly are regulated by the Social Welfare Department Licensing Office of Residenial Care Homes for the Elderly.
- ✧ **Self-financing Homes and Contract Homes Providing Non-subsidised Places for Elderly**
  Self-financing homes provide residential care services according to the elderly persons' financial and functional abilities. The Social Welfare Department monitors contract homes according to contract terms.

The HKHS Webpage on Elderly Services
http://www.hkhselderly.com

4. Healthcare Service

It is the HKSARG's policy that no one, including the elderly, 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 the elderly, who cannot afford to pay fees charged by public hospitals and clinics.

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

- 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 elderly attending EHCs, early detection and management is facilitated through health assessments;

- 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

- Priority attention at general out-patient clinics: patients aged 65 or above are accorded priority for medical consultations and dispensing services.

5. Community Support Services for the Elderly

(I) Community Level (Neighborhood in Public Estate): Neighborhood Elderly Centre (NEC)

- Service include:
  - Education & Developmental service for older persons (programme & group work; Social life; Information; Consultation & Counselling)
  - Support service for Care-givers (Talks & Information; Resources transferal; Consultation)
  - Casework & Counselling
  - Services for hidden & vulnerable older persons

(II) Integrated & comprehensive community service (manpower & services): District Elderly Community Centre (DECC)

- Services include:
  - Education & development for older persons
  - Community education & outreaching services
  - Casework & Counselling (Crisis Intervention)
  - Support services for Care-givers
  - Support Services for older persons (Elderly singleton / Elderly couple)
  - Services for hidden & vulnerable older persons

(III) Day Care Centre for the Elderly

- Target groups:
  - aged 60 or above: frail and chronically-ill (non-epidemic)
  - undergone Standardized Care Need Assessment & through service matching (there are full-time users & part-time users)
- Common chronic illnesses among older persons in day care centre:

  Apoplexy; Hypertension; Diabetes; Osteoporosis; Cognitive disturbance; Depressive mood
- Features of Day Care Centre for the Elderly:
  - support frail & vulnerable older persons & their family members
  - enable elderly living in the community continuously
  - minimise institutionalisation
- Services include (community care model):
  - support services: escort service; meal provision
  - personal care: supervision on caring skills; rehabilitative therapy; personal nursing care
  - professional team services: health check, supervision on medication
  - social development / interest groups
  - support services for care givers / family members: seminars & talk; sales of rehabilitative devices & materials

(IV) Home Care Services

Home care services in Hong Kong included Enhanced Home and Community Care Services (EHCCS); Integrated Home Care Services (IHCS)

- Purposes:
  - To maintain/strengthen the self care capability of older persons or to alleviate the declining health condition
  - To enable older persons to age at home in a familiar environment
  - To alleviate the stressing need to be institutionalised
  - To alleviate the stress of care-givers
- Target groups:
  - Aged 65 or above (persons aged between 60 and 64 may receive services if there is proven need)
  - older persons who have been classified to have moderate or severe impairment level under the Standardized Care Need Assessment Mechanism for Elderly Services
- Professional services:
  - Nurses / Physiotherapists / Occupation Therapists / Social Workers / Personal Care Worker
- Services include:
  - Basic Care: Measuring blood pressure, body temperature & weight; urinalysis, supervision on medication
  - Special nursing care: Health care for incontinence, breathe problem, diabetes & etc.
  - Wound care
  - Maintenance & instruction for breathing devices
  - Environmental risk assessment & home modifications
  - Basic maintenance & instruction for using health care devices
  - Physiotherapy assessment
  - Rehabilitation exercises
  - Cognitive Training
  - Others:
    - Personal care / Provision of meals / Transportation & escort services / Home-making services, i.e. clothes cleaning & housework
    - Support for Care-givers / Counselling service / Day Care & respite service
    - 24-hour emergency support

Examples of Community Support Services

Project	Partner	Features
Community Fall Prevention Clinic ✧ focus on fractured older persons	Department of Orthopaedics and Traumatology, CUHK Prince of Wales Hospital, Shatin	✧ To provide convenient, prompt and focusing services ✧ To emphasise client-centred service and alleviate the labeling effect ✧ To cultivate prevention, early intervention and health habit and living pattern in the community
Mental Health Community Clinic ✧ provide early assessment, education to remove stigmatisation, timely intervention and support for elderly with mental problem	Psychiatric Outreaching Team for older persons, Prince of Wales Hospital, Shatin	

Learning and Teaching References

1 Personal Needs and Development across Lifespan

2 Health and Well-being

3 Physical Well-being – Healthy Body

4 Mental Well-being – Healthy Mind

5 Social Well-being – Inter-personal Relationship

6 Healthy Community

7 Caring Community

8 Ecology and Health

9 Building a Healthy City

10 Healthcare System

11 Social Welfare System

12 Medical and Social Care Professions

13 Health and Social Care Policies

14 Social Care in Action

15A Health and Social Care Issue – Ageing Population

15B Health and Social Care Issue – Discrimination

15C Health and Social Care Issue – Domestic Violence

15D Health and Social Care Issue – Addiction

15E Health and Social Care Issue – Poverty

Education Bureau

HKSARG