

## **GCS 4031 Final Report**

**Topic: To explore the dominance of the private market in  
residential care homes for the elderly**

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## **1. Abstract**

This study examines the dominance of the private market in residential care homes. Private RCHEs account for the majority of the number of RCHEs in Hong Kong. At the same time, the quality of private residential care homes for the elderly varies, and the public has been questioning them over the years. While subsidized residential care homes for the elderly are better than private residential care homes in terms of service quality and environmental quality, the supply of subsidized residential care homes for the elderly is insufficient. The Government's RCHE policy has always lacked a long-term and effective plan. Therefore, through a questionnaire survey, we can understand the problems faced by the elderly who need to be admitted to residential care homes. In this way, it analyzes what problems and how to improve the current residential care homes for the elderly due to the dominance of the private market.

## **2. Introduction**

### **2.1 The history of residential care homes in the Hong Kong**

The development of residential care homes for the elderly in Hong Kong can be traced back to the 1960s. At first, some religious groups provided residential services for the elderly in need. In the 1970s, some non-governmental and non-governmental organizations began to set up homes for the elderly. At that time, the British Hong Kong government still did not formulate a long-term and key development plan for the elderly policy. It was not until 1977 that the government released the "Green Paper on Elderly Care Services", which took the form of community elderly care as the goal of developing elderly care services, but the community elderly care facilities were not perfect at that time. By the 1980s, the waiting time for subsidized residential care homes for the elderly was time-consuming, resulting in a large number of private residential care homes for the elderly. After the reunification, the free market has always dominated the development of residential care homes. Until now, private residential care homes have taken the majority position in the residential care home market.

## 2.2 The situation of residential care homes for the elderly in Hong Kong

Hong Kong is an ageing society. The increasing life expectancy of Hong Kong people has made the problem of population ageing more and more serious. In 2018, there were 1.3013 million elderly people aged 65 and above, accounting for 17.4% of the total population. Hong Kong implemented an aging policy. The main purpose of the policy is divided into three, including “Aging in place as the core”, “Institution care as backup” and “Continuum of care”. “Aging in place as the core” encourage the elderly to age at home. The elderly will age and live at home, and this goal is also the focus of the aging policy. “Institution care as backup” and “Continuum of care” are that elderly centers or NGOs will provide elderly care services or residential care services, which are suitable for elderly people who need special care, but who cannot take care of themselves at home and need to stay in residential care homes for the elderly. It enables the elderly to live in the same residential care home and gradually familiarize themselves with the living environment to provide for the elderly. These services are all backup services, and the main government policy is to hope that the elderly is aged at home.

Moreover, Residential care homes for the elderly in Hong Kong can be divided into two categories, Nursing Homes (NHs) and Care and Attention (C&A) Homes for the Elderly. Nursing Homes (NHs) provide a high level of nursing care. The elderly are able to take care of daily personal hygiene, such as daily bathing. But unable to manage activities of daily living such as cooking and washing clothes, etc. of daily household chores. Therefore, NHs will provide assistance with daily living including three meals a day, and some group activities to help them carry out basic social activities. NHs mainly provide basic medical and nursing services for people with chronic disabilities who are severely injured but in stable physical condition or have not fully recovered (Social Welfare Department, 2019). Care and Attention (C&A) Homes for the Elderly offers shared room accommodation, three meals a day, personal care services, limited care services (Social Welfare Department, 2019). Compared with NHs, C&A only provides some limited care services. NHs have professionals to handle various nursing services, and a qualified nurse in C&A is on duty 24 hours a day.

Nowadays in Hong Kong, 8% of the elderly in Hong Kong need to be admitted to residential care homes for the elderly. Private residential care homes provide a large

proportion of numbers in residential care homes in Hong Kong. According to statistics from the Social Welfare Department in 2021, “there will be 51,064 residential care places provided by the private sector, accounting for 68% of the total. There are 23,614 places provided by the non-government, accounting for 32% of the total.” The source of working capital for NGOs is government funding. And the quality of care in subsidised RCHEs is higher than that of private RCHEs.

According to Legislative Council documents, “the average waiting time in subvented residential homes for elderly is 37 months, and the average waiting time for private residential care homes is 8 months. In 2014, 5568 elderly people passed away while waiting for subvented residential homes for elderly”. According to statistics from the Social Welfare Department, “between 2008 and 2018, the number of subsidized residential care homes for the elderly rose from 143 to 162, an increase of only 19.”

## **2.3 Significance**

### **2.3.1 Long-term problems in the development of residential care homes for the elderly (RCHEs) in Hong Kong.**

The service quality of private RCHEs has always been questioned by the public. Private residential care homes vary widely in terms of environment and quality of care. An effective monitoring mechanism to monitor the quality of private residential care homes for the elderly. As the private market dominates the entire service of residential care homes, the quality of services cannot be improved. The elderly are forced to live in private residential care homes and have no other option. The funds for the elderly are not enough to teach high-quality private residential care homes for the elderly, so they are forced to live in private residential care homes of lower quality. The elderly have been serving in the community for many years, making a lifetime contribution to the development of Hong Kong society. The government should provide better welfare for the elderly, so that the elderly can live with dignity in their old age.

### **2.3.2 Liberal Welfare Regime**

Both Hong Kong and the UK are liberal welfare systems. Both Hong Kong and the

UK are driven by a free market-oriented mindset, providing financial assistance to those in need through financial investigation and analysis. For example, Hong Kong provides CSSA for low-income earners. Most of the benefits cater mainly to the lower income bracket.

## **2.4 Overview**

This research will set up three short questions.

1. What is the issues with the policy of residential care homes for the elderly in Hong Kong?
2. What is the problem of private residential care homes for the elderly (RCHEs)?
3. What is the problem of subsidized residential care homes for the elderly (RCHEs)?

By exploring government policies, subsidized residential care homes for the elderly and private residential care homes for the elderly. To study the impact of private market-led RCHE development on RCHEs. And thus refer to the British case, and put forward improvement suggestions to the government.

## **3 Literature Review**

### **3.1 What is the issues with the policy of residential care homes for the elderly in Hong Kong?**

#### **3.1.1 The policy of Hong Kong residential care homes for the elderly**

Hong Kong government policy on residential care homes for the elderly

Currently, According to Elderly Services Programme Plan 2017, “the Social Welfare Department is mainly implementing two schemes on residential care services for the elderly, namely the Pilot Scheme on Residential Care Service Voucher (RCSV) for the Elderly and the Enhanced Bought Place Scheme.”

## The Pilot Scheme on Residential Care Service Voucher (RCSV) for the Elderly

“The main purpose is to provide an additional option for the elderly waiting for subvented residential homes for the elderly. Allow the elderly with lower affordability to receive more government subsidies, and at the same time, the elderly can receive subvented residential homes for elderly care services in a shorter period of time. Let the elders consider staying in the homes during the six-month trial period and try to adapt to the home life.”

## the Enhanced Bought Place Scheme

“The government mainly purchases residential places from private residential care homes to improve the shortage of manpower and per capita area standards, and to improve the service level of private residential care homes. Shorten the waiting time for the elderly to wait for places in care and attention homes.”

### **3.1.2 The government has set a wrong direction for the policy of RCHEs**

In 1977, the "Green Paper on Elderly Care Services" put forward the principle of "Aging in place". There are two prerequisites for "Aging in place" to be successful, namely community care services (Chui, 2008) and virtual of filial piety (Kwong and Kwan, 2001). Community nursing service is to provide some formal nursing services for the elderly in the community. Only government and non-government organizations can provide formal community care services in Hong Kong. Community care services are not adequate for the elderly (Wilber et al., 1997). Community care services are highly labor-intensive. It is difficult for private institutions to participate and provide new impetus to this market (Chui, 2008). The traditional virtues of filial piety in Hong Kong are slowly being curtailed, and family sizes are gradually shrinking. In the 1980s and 1990s, the British Hong Kong Government continued to promote the concept of small families. For example, in TV commercials, there were encouragement that families only need two children. Families with children living together with the elderly are becoming less common, and mutual assistance between neighbors is decreasing, due to utilitarian familism (Lau, 1977). These factors weaken the family role of caring for the elderly and force them to seek residential care services. In fact, if Hong Kong needs to implement the policy of "aging in place as a core", there must be a reliable community care service and the community needs to still have a virtual of filial piety. However, the

community care services in Hong Kong are insufficient. The development of the community has begun to focus on utilitarian familyism, and the family form has gradually narrowed. The family form in Hong Kong is not suitable for caring for the elderly, and they are forced to live in residential care homes for the elderly.

### **3.2 What is the problem of private residential care homes for the elderly?**

The service quality of private homes for the elderly has long been questioned by the public, and there are problems such as insufficient manpower and space in the homes.

The quality and standard of private RCHEs vary widely. Audit (2014) found that "79% of private residential care homes provide a net floor area per resident of 6.5-8 square metres, which barely meets the statutory minimum requirement (6.5 m<sup>2</sup>)." The spacing standard of private residential care homes is much lower than that of subsidized residential care homes (16-18 square meters). According to the 2014 Audit Office report, "Private residential care homes employ an average of 1.05 health workers per 30 households and 0.2 nurses per 100 households. (Audit Commission, 2014) In fact, this does not meet the statutory staffing requirement of 1 nurse and 1 health worker for every 30 households from 6:00 am to 7:00 pm."

Moreover, The Office of The Ombudsman (2018) pointed out that "elder abuse, invasion of residents' privacy and administration of drugs are still not covered by the Residential Care Homes Ordinance." In fact, the regulations of RCHEs are seriously outdated. The current regulations still do not require RCHE staff to accompany residents outside RCHEs for medical treatment. It can be seen from this that the entire policy of residential care homes for the elderly has not been changed and improved in a timely manner. In 2020, "there was also a hearing of the cause of death of a man who was admitted to a private nursing home. The doctor found a foreign body in the anal plug and died of pneumonia two days later." (MingPao, 2020) Chairman of the Hong Kong Association for Elderly Services Chen Zhi Yu found that "the service quality of private homes for the elderly has been discussed for many years to strengthen supervision, but it does not necessarily guarantee that the quality can be improved. There are many deep-seated structural problems that need to be resolved."

In fact, private homes for the elderly can be divided into care and attention homes and nursing homes, but the number of nursing homes licensed by the Department of Health is very small, accounting for less than 5%. Care and attention homes are forced to accept complicated cases, but it is difficult for general homes to take care of complicated cases. For residents with more medical needs, the ratio of nurses is relatively high, and nursing and attention homes have insufficient manpower to cope.

### **3.3 What is the problem of subsidized residential care homes for the elderly (RCHEs)?**

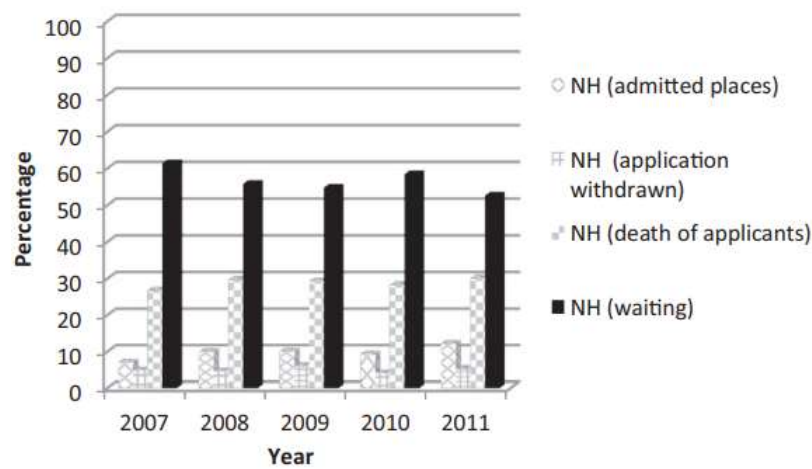
The wait times for subsidised residential care homes are very long. An average waiting time of 33 months for Nursing Homes and 23 months for Care and Attention Homes for the Elderly. Table 1 and 2 show that “the distribution of waitlist applicants for NHs and C&A homes between 2007 and 2011. The percentage of applicants who successfully entered NH and C&A was 10% and 25% respectively.” And 40 % to 60 % of applicants are still on a waiting list. Tables 1 and 2 show that 5% and 10% of NH and C&A applicants, respectively, withdrew their applications due to long waiting times. Between 15% and 30% of applicants waiting to enter NH and C&A died while waiting. The percentage of applicants who died while waiting to be admitted to a residential care home for the elderly was on the high side. It was precisely because the applicant needed to receive effective nursing services that they applied for admission to a residential care home for the elderly. However, the current waiting time reflects that the subsidized residential care homes for the elderly cannot fully accept all applicants. Applicants may be forced to live in private residential care homes for the elderly. The quality of private residential care homes for the elderly varies, and they fail to give the public confidence in their service quality, making the applicant very helpless.

Furthermore, insufficient supply of subsidised residential care homes for the elderly. As mentioned in the previous introduction, 32% of the number of residential care homes for the elderly comes from subsidized residential care homes for the elderly. The subsidized residential care homes for the elderly are all operated by non-governmental organizations. The source of funding for NH and C&A comes from the government. funding. However, 68% of the number of residential care homes for the elderly came from private residential care homes, and the number of residential care homes for the elderly provided by the public and private sectors was unevenly



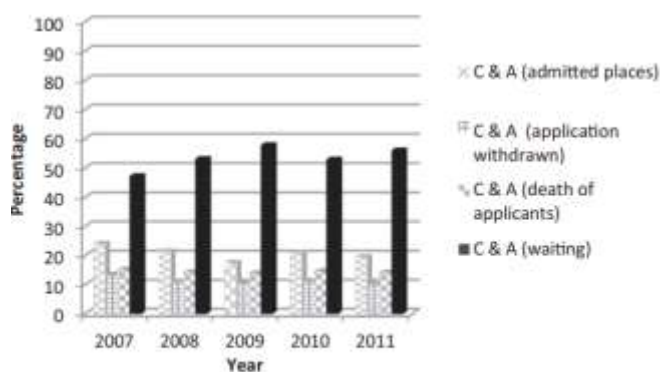
distributed. Table 3 shows that from 2007 to 2018, the number of applicants for subsidized RCHEs rose from about 22,000 to 40,000, but the supply of subsidized RCHEs remained at around 25,000. From the data, it can be seen that the demand for subsidized residential care homes for the elderly has been increasing, but the supply has only increased slightly in the past ten years, and the supply has not kept pace with the demand.

**Table1: Distribution of waitlisted cases for subsidized nursing homes (NH)**



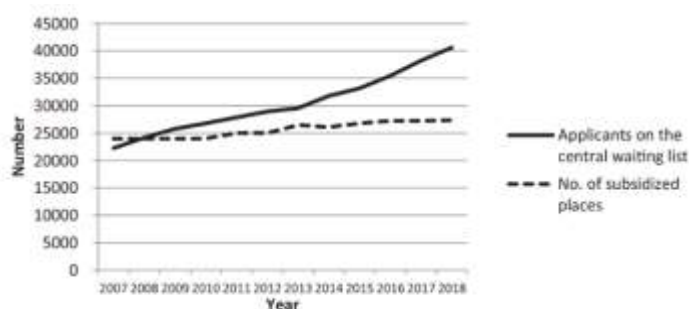
**Source(s):** Labor and Welfare Bureau (2018);  
Legislative Council Secretariat (2017)

**Table2: Distribution of waitlisted cases for subsidized Care & Attention homes (C&A)**



**Source(s):** Labor and Welfare Bureau (2018);  
Legislative Council Secretariat (2017)

Table3: Demand and supply of subsidized residential care homes, 2007–2018



Source(s): Audit Commission (2014); Legislative Council Secretariat (2017); Social Welfare Department (2019g)

### 3.3 Semi-conclusion

In fact, the Hong Kong government's policy on residential care homes for the elderly has always been relatively backward, and the goals of the elderly care policy set for many years are wrong, and "aging in place" cannot be implemented in Hong Kong at all. The uneven quality of private residential care homes for the elderly has always been a concern and has long been plagued by problems such as lack of manpower and space. The government lacks a complete monitoring mechanism to supervise the quality of residential care homes for the elderly. The number of RCHEs provided by subsidised RCHEs has been slow to keep up with the occupancy required by the elderly. Elderly people need to wait for a long time to be admitted to subsidized residential care homes for the elderly. The residential care home policy provided by the government cannot effectively solve the current problems of insufficient subsidized residential care homes for the elderly and insufficient quality of private residential care homes for the elderly.

This study hopes to better understand the difficulties faced by the elderly when choosing to live in residential care homes through a questionnaire survey, and explore where the government should start to improve the policies of residential care homes for the elderly.

## **4. Methodology**

### **4.1 Sampling method**

This study will use the Snowball sampling method. The benefits of the snowball sampling method are that it is relatively fast, easy to use, and cost-effective. Use social networks to find the right people to take the survey. Ensuring diversity in participation by expanding engagement through social networks. Due to the severe epidemic in Hong Kong, it is difficult to use other sampling methods to find suitable respondents during the epidemic, so the snowball sampling method is a more appropriate method at this stage.

### **4.2 Research Methods**

This study adopted the Quantitative research method and used the form of questionnaire to collect data. The purpose of the questionnaire is to accurately understand the problems that elders encounter when they are admitted to residential care homes. This survey will use an online survey to collect data. Questionnaires are distributed by email to respondents to fill out. The main reason for using online surveys is that respondents do not need to go out to be surveyed, which is easy to handle during the epidemic. The cost of using email is lower, the delivery is fast, and the efficiency is high.

### **4.3 Data Collection**

The target group in this study is the family members of the elderly. The reason is that the family members have a better understanding of the different issues that need to be faced when living in residential care homes for the elderly. Regardless of whether the elderly is preparing to enter a residential care home for the elderly, they will encounter problems and they still have to face problems after successfully moving into a residential care home for the elderly.

Sample size: 37 respondents, including 25 females and 12 males

Divided into four target groups

1. Living in private institutions for the elderly
2. Living in a private institution for the elderly, while waiting for government homes
3. Still waiting for subvented residential homes for elderly, elderly living in the community.
4. Living in subsidized RCHEs

The reason for choosing these four target groups is that we can clearly understand the situation of three different kinds of elders staying in residential care homes for the elderly. So as to analyze what problems have arisen in the residential care home market for the elderly dominated by the free market.

#### **4.3.1 Questionnaire**

##### **Basic information**

Gender of the elderly

The age of the elderly

What kind of situation does the elderly belong to?

1. Living in private RCHEs
2. Living in private RCHEs, while waiting for subvented RCHEs
3. Still waiting for subvented RCHEs, elderly living in the community.
4. Living in subsidized RCHEs

##### **Questionnaire Questions**

## 1. Living in private RCHEs

- How long have you lived in a private RCHEs ?
- What is the monthly fee for a private RCHEs ?
- What are the criteria for choosing a private RCHEs ?
- Will there be additional financial burden to pay for private RCHEs ?
- Have you considered applying for waiting for admission to subvented RCHEs?
- If you are considering applying for waiting for admission to a subvented RCHEs, please briefly describe the reasons.
- If you do not consider applying for waiting for admission to subvented RCHEs, please briefly explain the reasons.
- Would you consider participating in a non-profit organization or NGO to put pressure on the government to improve the current elderly care policy?

## 2. Living in private RCHEs, while waiting for subsidized RCHEs

- How long have you lived in a private RCHEs ?
- Already waiting for subvented RCHEs time?
- What is the monthly fee for a private RCHEs ?
- What are the criteria for choosing a private RCHEs ?
- Will there be additional financial burden to pay for private RCHEs ?
- Have you been admitted to a private RCHEs because you could not be admitted to a subvented RCHEs?
- Are you satisfied with the services provided by private RCHEs?
- If you are not satisfied with the services provided by private RCHEs, please briefly state the reasons.
- Would you consider participating in a non-profit organization or NGO to put pressure on the government to improve the current elderly care policy?



### 3. Still waiting for subsidized RCHEs, elderly living in the community.

- Already waiting for subvented RCHEs time?
- Does it bring additional life stress to the family?
- Why not arrange for the elderly to be accommodated in private RCHEs?
- Have elderly received any support from the Social Welfare Department or NGOs while the elderly are waiting to be admitted to subvented RCHEs?
- If support is provided by the Social Welfare Department or NGOs, please briefly describe the content of the services provided.
- What support does the family hope the community can provide to reduce the stress of caring for the elderly?
- Would you consider participating in a non-profit organization or NGO to put pressure on the government to improve the current elderly care policy?

### 4. Living in subsidized RCHEs

- Waiting for subvented RCHEs time?
- Did elderly temporarily live in private RCHEs before moving into subvented RCHEs?
- If you are temporarily living in private RCHEs: Whether elderly are admitted to a private RCHEs because the elderly cannot live in subvented RCHEs?
- If you are temporarily living in private RCHEs: What is the monthly fee for private RCHEs?
- If you are temporarily living in private RCHEs: What are the criteria for choosing a private RCHEs?
- If you are temporarily living in private RCHEs: Will private RCHEs bring additional financial burden?
- If you are temporarily living in private RCHEs: Are you satisfied with the services provided by private RCHEs?
- If you are temporarily living in private RCHEs: If you are not satisfied with the services provided by private RCHEs, please briefly describe the reasons.
- Would you consider participating in non-profit organizations or NGOs to put pressure on the government to improve the current elderly care policy?

## 5 Data analysis

### 5.1 What are the issues with the policy of residential care homes for the elderly in Hong Kong?

Lack of government support to care for the elderly in need

Figure 2 indicates that eight respondents indicated that they did not receive support from the Social Welfare Department or NGOs while they were waiting to be admitted to an RCHE. Figure 3 shows the family members of the elderly hope that the society or the government will provide support, such as social work counseling, daycare,

elderly outreach services delivery services, and help elderly install safety measures at home. The family members of the elderly have always hoped to receive support from the community or the government to relieve the pressure of caring for the elderly. In today's society, the family members of the elderly take care of the elderly flawlessly and properly. The elderly need assistance from the community or the government, but the current support provided by the government or non-governmental organizations is seriously insufficient.

Figures 4-7 all show that 30 respondents indicated that they would participate in non-profit organizations or NGOs to put pressure on the government to improve the policies of residential care homes for the elderly in Hong Kong. The public hopes that through some NGOs, the government can understand the community's views on the elderly care policy. However, the government has not set up a suitable platform to communicate with NGOs to understand the actual situation and requirements of the elderly.

Figure 1: Status of the elderly

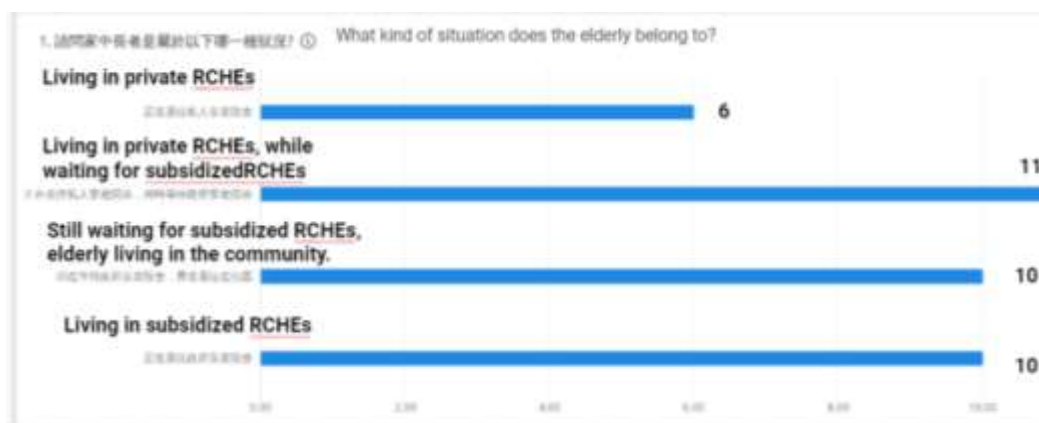


Figure 2: Status of receiving support from the Social Welfare Department or NGOs (Still waiting for subsidized RCHes, elderly living in the community)

7. 等候入住政府安老院舍期間，有否接受社會福利署或非政府機構提供的支援？ ①

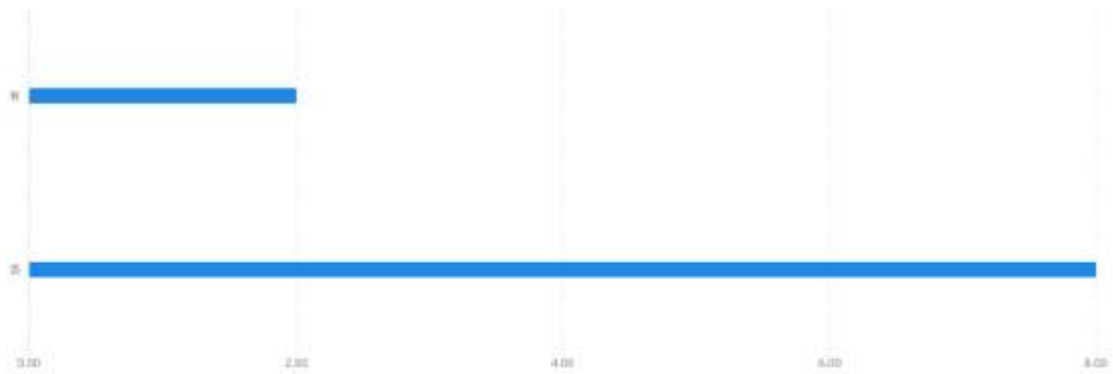


Figure 3: Support for elders before they are waiting to be admitted to subvented RCHEs

9. 家屬希望社區可以提供什麼支援，從而減輕照顧長者的壓力。 ①

為長者提供輔導，並在家裏設置一些安全措施

社工輔導

Day care

基本送餐服務

多些老人外展服務。

老人中心，會有姑娘帶長者參加小組活動，量血壓，傾偈等等，還有社工幫長者申請需要的福利。

Figure 4: Proportion of improving RCHE policies through NGO pressure on the government (Living in subsidized RCHEs)

12. 你會考慮參與非牟利機構或非政府組織向政府施壓，從而令政府改善現行安老政策？ ①

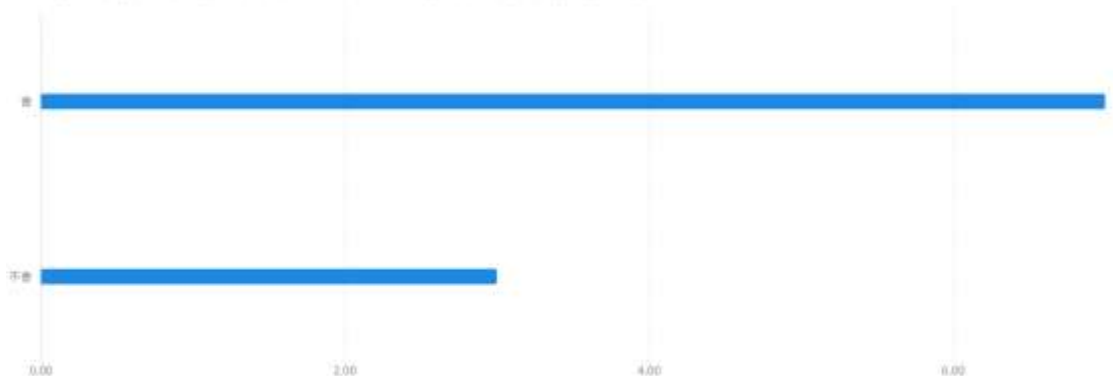




Figure 5: Proportion of improving RCHE policies through NGO pressure on the government (Still waiting for subvented RCHEs, elderly living in the community)

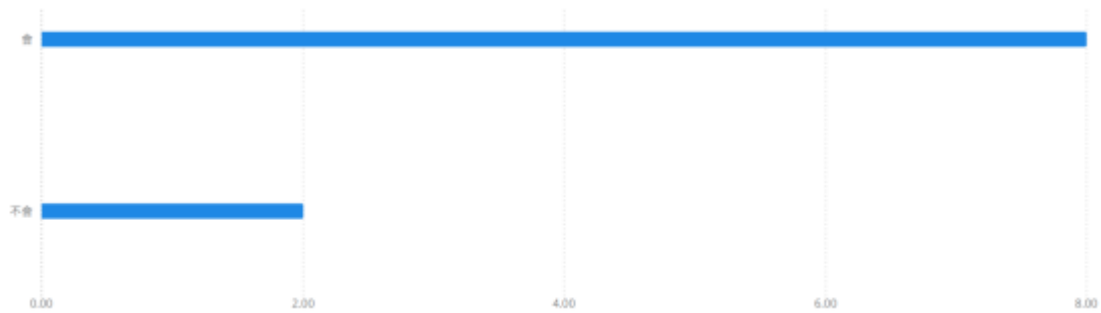


Figure 6: Proportion of improving RCHE policies through NGO pressure on the government (Living in private RCHEs, while waiting for subvented RCHEs)

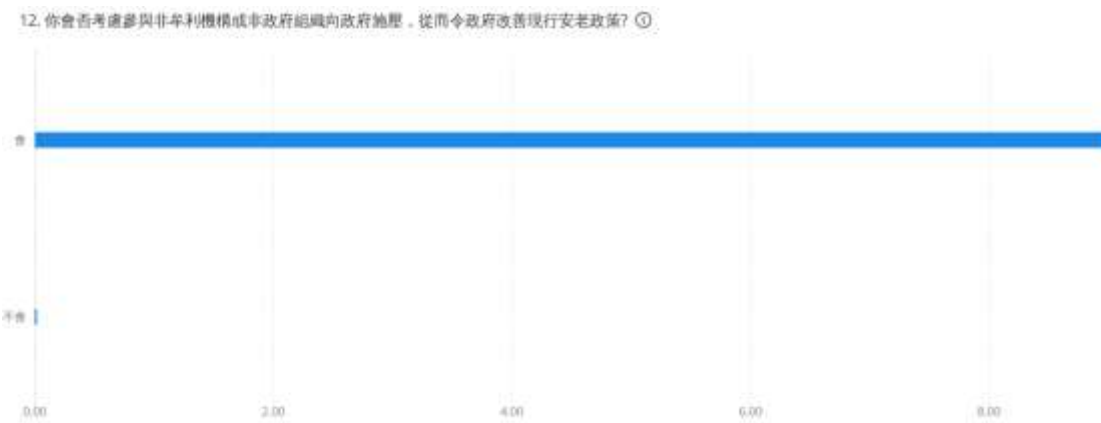
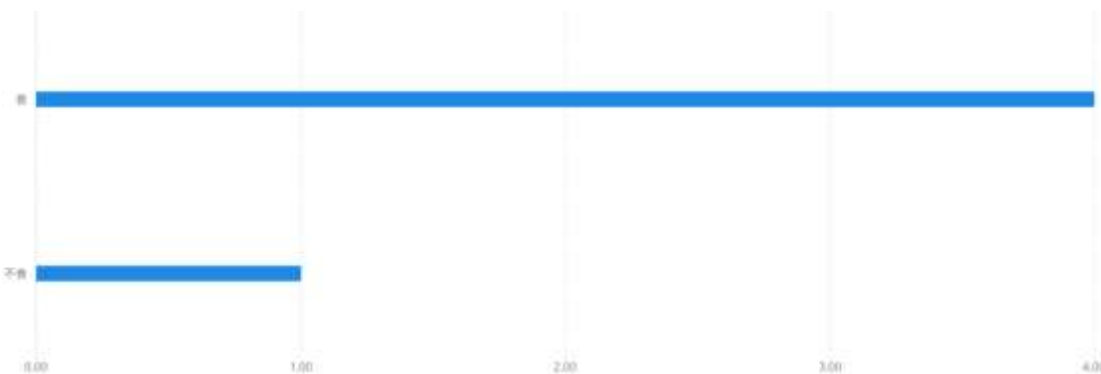


Figure 7: Proportion of improving RCHE policies through NGO pressure on the government (Living in private RCHEs)



## **5.2 What is the problem of private residential care homes for the elderly (RCHEs)?**

Living in a private residential care home will bring certain financial pressure to the family members of the elderly. Figure 8-10 shows that the monthly fee for private residential care homes with 15 respondents ranges from 8,000 to 12,000. Figure 11-13 shows that the average additional financial pressure of the family members of the elderly due to private residential care homes is 58.56, 60 and 47.5 respectively. In Hong Kong, a monthly constant expenditure of 8,000 to 12,000 is a high consumption. Figures 11-13 also reflect that the family members of the elderly feel some additional financial pressure.

Different news and information show that private residential care homes for the elderly vary widely. Therefore, the public is very concerned about the service quality and environmental quality of private residential care homes for the elderly. Figure 14-16 indicates that 17 respondents will focus on the environment and service quality of residential care homes for the elderly, only 2 respondents will focus on financial considerations and 7 respondents will focus on regional choices.

According to Figure 17-18, seven respondents were satisfied with the private residential care homes for the elderly in their families, and five respondents were dissatisfied with the private residential care homes for the elderly in their families. Figure 19 provides the reasons why some respondents did not arrange for the elderly to stay in private residential care homes for the elderly. Private residential care homes for the elderly vary in quality and are expensive. Subsidized RCHEs are better than private RCHEs in terms of quality and cost.

Figure 8: Monthly Charges for Private Residential Care Homes (Living in private RCHEs, while waiting for subvented RCHEs)

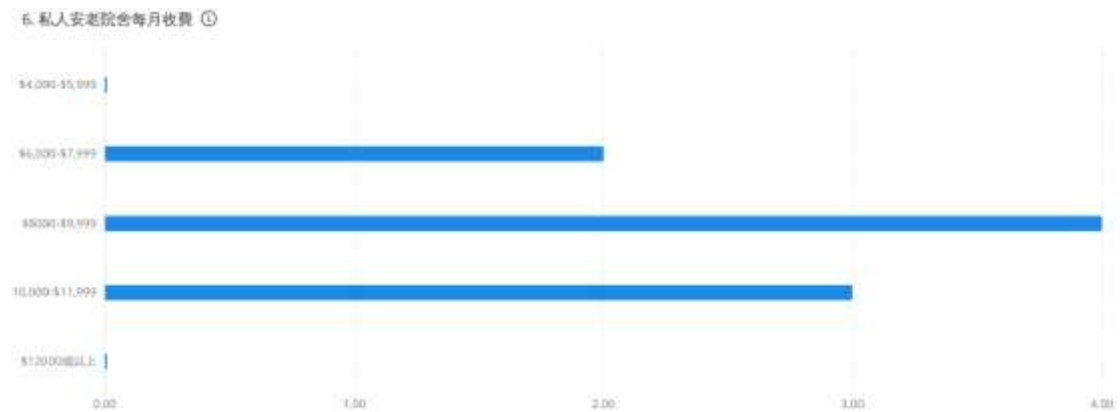


Figure 9: Monthly Charges for Private Residential Care Homes (Living in private RCHEs)

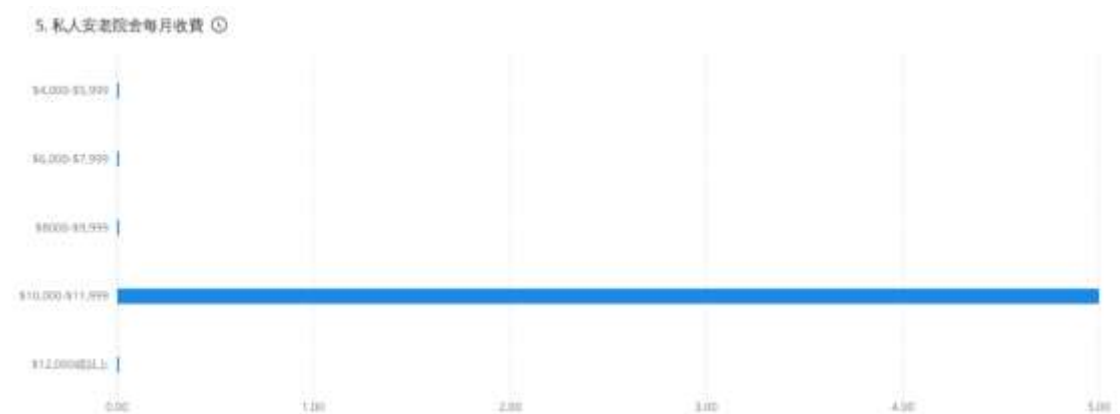


Figure 10: Monthly Charges for Private Residential Care Homes (Living in subsidized RCHEs) Have been admitted to a private RCHEs before being admitted to subsidized RCHEs

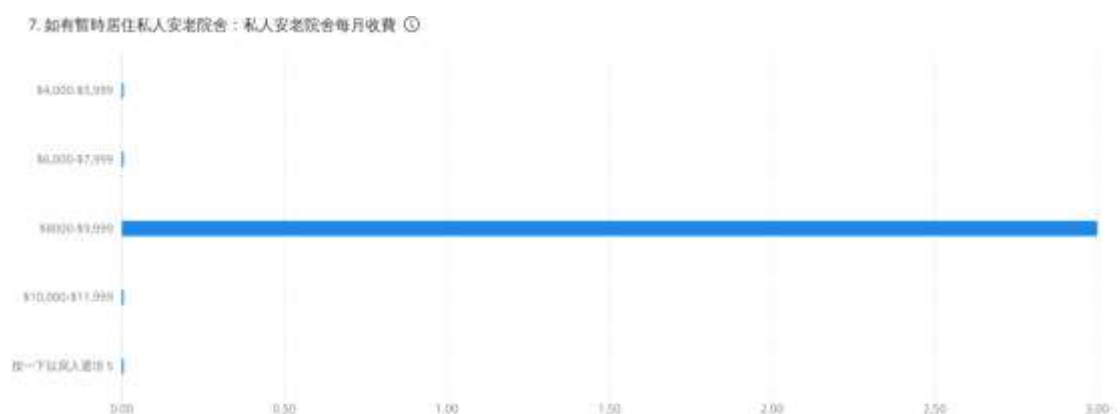


Figure 11: Financial Burden of Private RCHEs (Living in private RCHEs, while waiting for subvented RCHEs)

8. 私人安老院會否帶來額外的經濟負擔	平均	最小	最大	計數
0 (沒有), 100 (很大程度)	58.56	30.00	85.00	9

Figure 12: Financial Burden of Private RCHEs (Living in subsidized RCHEs)

Have been admitted to a private RCHEs before being admitted to subsidized RCHEs

9. 如有暫時居住私人安老院會：私人安老院會否帶來額外的經濟負擔	平均	最小	最大	計數
0 (沒有), 100 (很大程度)	60.00	40.00	70.00	3

Figure 13: Financial Burden of Private RCHEs (Living in private RCHEs)

7. 支付私人安老院院費會否帶來額外的經濟負擔	平均	最小	最大	計數
0 (沒有), 100 (很大程度)	47.50	35.00	60.00	6

Figure 14: Criteria for choosing Private RCHEs (Living in private RCHEs, while waiting for subvented RCHEs)



Figure 15: Criteria for choosing Private RCHEs (Living in subsidized RCHEs)

Have been admitted to a private RCHEs before being admitted to subsidized RCHEs

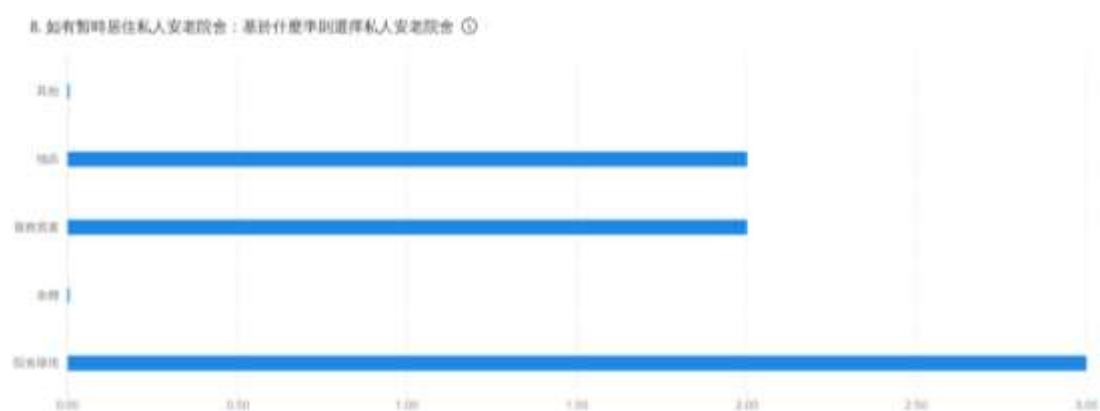


Figure 16: Criteria for choosing Private RCHEs (Living in private RCHEs)

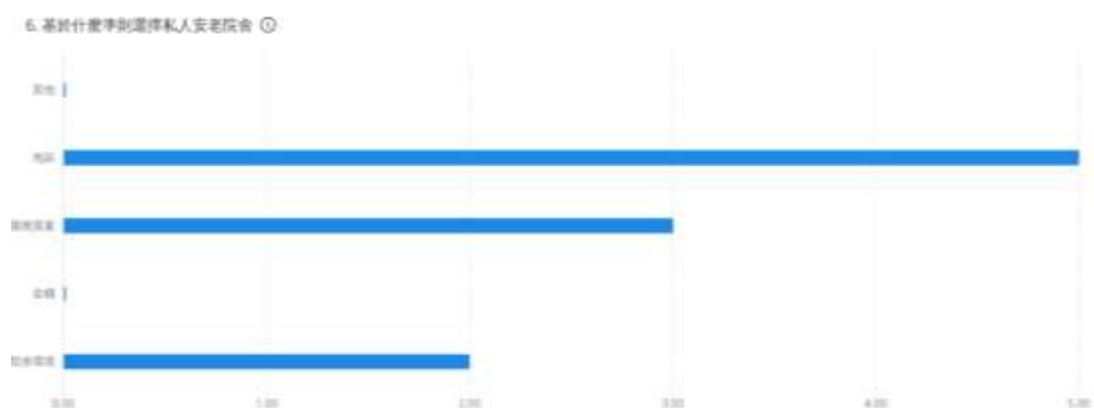


Figure 17: The level of satisfaction with the services provided by private RCHEs (Living in private RCHEs, while waiting for subvented RCHEs)

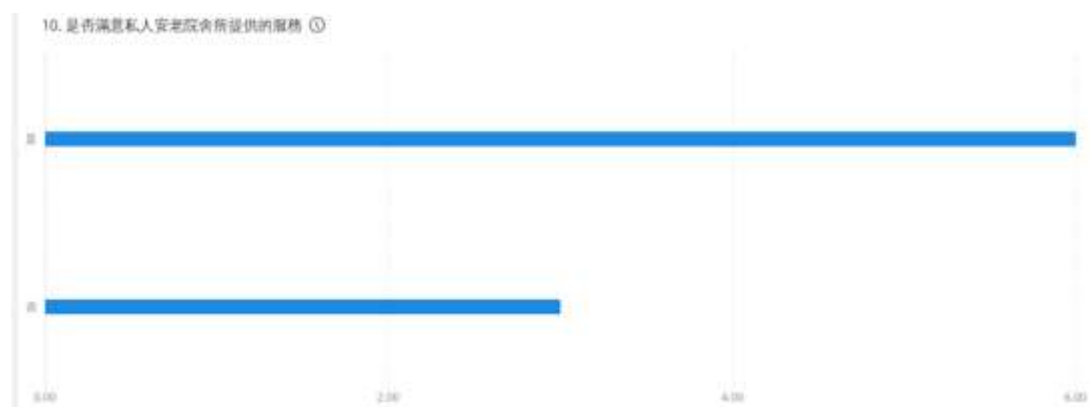


Figure 18: The level of satisfaction with the services provided by private RCHEs (Living in subsidized RCHEs) Have been admitted to a private RCHEs before being admitted to subsidized RCHEs

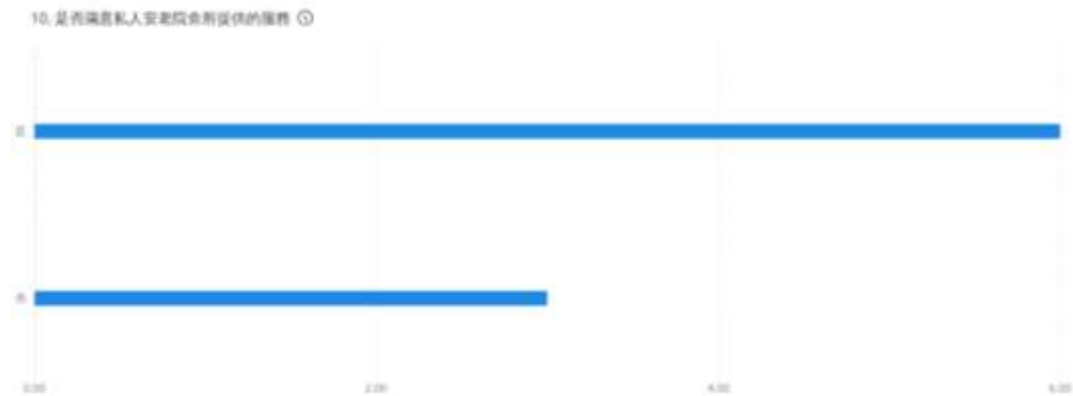


Figure 19: Reasons for not arranging the elderly to be admitted to private RCHEs (Still waiting for subvented RCHEs, elderly living in the community)

6. 為什麼不安排長者入住私人安老院舍? ①

質素參差

價格貴

質素參差

費用貴

價格高昂

因為收費及質素都不及政府資助之老人院，另外有質素之私人安老院的收費是非常昂貴。

### 5.3 What is the problem of subsidized RCHEs?

Long waiting time for subsidized RCHEs. According to Figure 20-21, The average waiting time for admission to subsidized RCHEs is about two to three years or more. And eight respondents were waiting to be admitted to subsidised residential care homes for more than two years but less than three years. Six respondents have been waiting to subsidize residential care homes for the elderly for three years or more

According to Figure 1, in fact, most of the respondents were waiting to enter subsidized RCHEs. A total of 21 elders of the respondents are waiting for the arrangement of subsidized RCHEs. It can be seen from this that the waiting time for subsidized RCHEs is too long. The reason for this is the insufficient number of subsidized RCHEs. So that the elderly still live in the community or need to live in private residential care homes.

Figure 20: Waiting time for subsidized RCHEs (Living in subsidized RCHEs)

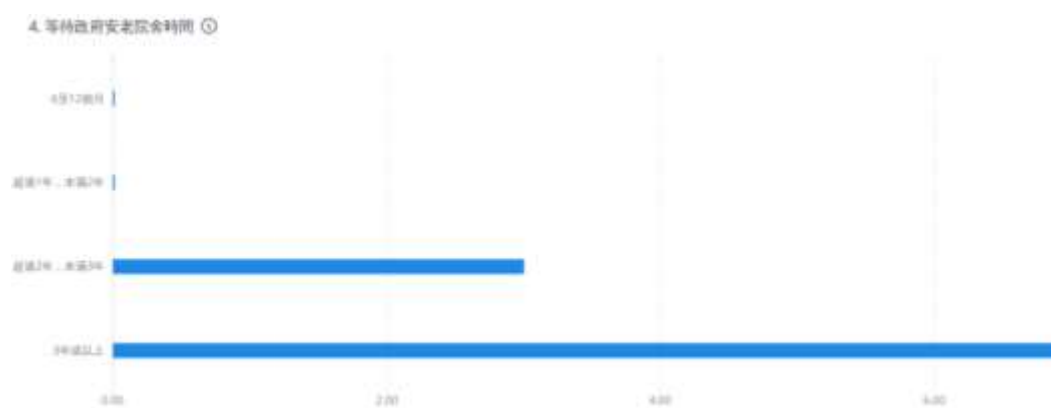


Figure 21: Waiting time for subsidized RCHEs (Living in private RCHEs, while waiting for subvented RCHEs)



## **6. Case of the UK**

### **6.1 The history of residential care homes in the UK**

In 1961, the United Kingdom introduced the Poor Law. Workhouses, almshouses and infirmaries were born, and most of the institutions operating these facilities were churches. Because the church has the responsibility to house some people who are unable to work and have chronic diseases, this is the earliest residential care home in the UK. By the eighteenth/nineteenth century, health care services were mainly provided by voluntary hospitals and workhouses/workhouses. The good nurses and medical staff are all from voluntary hospitals. The voluntary hospitals will transfer these patients to workhouses because they are afraid that patients with chronic diseases will cause the shortage of hospital beds. Workhouses had to accept patients who were rejected by volunteer hospitals, and gradually became long-term institutions for elderly patients with chronic diseases.

By the early 20th century, families began to view older adults in chronic beds as "beds of life." Families have made various excuses to keep their elderly in the hospital. Many times, patients are housed and reluctant to be discharged (Lievesley, N., Crosby, G., Bowman, C., & Midwinter, E., 2011). By the end of the Second World War, a large number of British soldiers and citizens had been killed and wounded in the war, and the hospital's admission rate was limited. The British government began to face up to the needs of housing for the elderly and began to study new solutions. Labour came to power and began laying the groundwork for the welfare state. The NHS was established in 1948 under the State Aid Act. Legislation makes local authorities responsible for assisting in the care of the sick, disabled and the elderly.

Thereafter, Professor Peter Townsend visited 174 nursing homes in England and Wales in the late 1950s. He found that the old ways of care in the workhouse still affected nursing homes, such as concealing deaths. His findings led to a broad reform of the standard of care.

In the 1980s, under the new Conservative government, nursing homes became big business. Before that, local authorities owned most of the nursing homes. There has



been an increase in self-financed nursing homes, and gradually the majority of nursing homes are privately managed and operated. In 1993, the NHS reform put forward the concept of nursing centered on individual needs, and introduced nursing needs assessment.

Stepping into the millennium introduces new standards. The Standards of Care Act was introduced in 2002 to create boards of care in England and Wales, regulate the training of carers and introduce a new set of minimum standards. The Care Quality Commission (CQC) was established in 2008 to examine medical practices and care homes in England and to grade UK aged care homes. In recent years, there have been more luxurious residential care homes for the elderly. Every meal is exquisite, and they are equipped with facilities such as a spa, a theater, and so on. Due to the advancement of the times, many people's service quality for post-retirement and elderly care has also been greatly improved.

## **6.2 The policy of UK residential care homes for the elderly**

Care homes in the UK can be divided into two categories, Residential homes and Nursing homes. Residential homes primarily provide accommodation and personal care services, including bathing, dressing, assistance with taking medications, going to the bathroom, personal hygiene care services, and more. Some nursing homes also offer some social activities, such as day trips. In addition to personal care services, Nursing homes will also have one or more qualified nurses on duty to provide nursing services. Because people living in Nursing homes need more care and support, for example, they will have severe learning disabilities, severe self-care deficits or severe physical disabilities. Therefore, they need more additional nursing support services. (NHS, 2019)

In the UK, 400,000 elderly people live in residential care homes and nursing homes. 46% of them receive partial or full funding from the local government or NHS to live in residential care homes for the elderly (NHS, 2019). Nearly half of the people in the UK are able to apply for financial assistance to successfully move into residential care homes for the elderly. The funding forms can be divided into three categories: local authority funding, self-financing, and NHS funding. Local authority funding will fund the beneficiary in full or in part, depending on the situation, and an

additional voluntary payment, known as a top-up fee, may also be provided by the applicant's relatives or friends. Self-financing is being paid for by family and friends for all their care. NHS funding pays for them after some financial review and assessment.

### The Care Quality Commission (CQC)

The main responsibility of The Care Quality Commission is to supervise, inspect and evaluate the quality of residential care homes for the elderly in the UK, and conduct a grade assessment for each residential care home for the elderly in the UK, namely outstanding, good, requires improvement and inadequate. Suggested improvements will be made to each RCHE. Citizens can also search online for the rating of residential care homes for the elderly in the UK at any time, so as to find suitable residential care homes for the elderly.

### Care needs assessment

The NHS in the UK will also set up nursing assessment services for those in need, free of charge. The assessment suggested the use of walking frames, the installation of a personal alarm system, the replacement of household equipment, or the need for residential care. For changes to household equipment, minor modifications are usually free, and the government will also subsidize £1,000 as the cost of modifying the home.

## **Comparative Study**

Comparing residential care for the elderly in the UK and Hong Kong. The UK's funding policy is very complete. The government will set up various funding services for elderly people in need to apply, so that they can successfully enter suitable residential care homes for the elderly. On the contrary, Hong Kong does not have a complete subsidy system. Basically, all the expenses for admission to residential care homes for the elderly need to be handled by the applicants or their families. The Government has not provided suitable financial assistance to applicants for residential care homes for the elderly.

The UK government will set up a regulatory mechanism to monitor the quality of residential care homes for the elderly. The Care Quality Commission (CQC) scores and monitors residential care homes across the UK. Citizens can check the grades of residential care homes for the elderly at any time, and the information is very fluid and convenient. There is a lack of an effective monitoring mechanism in Hong Kong's residential care policy for the elderly. As a result, the quality of many private residential care homes for the elderly is uneven. Private residential care homes for the elderly lack proper care and even show some excessive behavior. The Hong Kong government's solution is only The Enhanced Bought Place Scheme, which hopes to improve the quality of private residential care homes for the elderly. But this is fundamentally unable to effectively monitor the quality of the nursing homes for the elderly.

The UK has also set up a Care needs assessment to conduct nursing assessments for those in need. According to the assessment report, appropriate support will be provided to those in need. The assessment is more user-friendly and can provide appropriate support to each person in need. On the contrary, Hong Kong lacks an effective nursing assessment mechanism. The Social Welfare Department may send social workers to provide appropriate support and care for the elderly, but social workers cannot provide some professional nursing service recommendations for the elderly. Hong Kong simply lacks an effective nursing assessment mechanism so that nursing homes or the government can know the real needs of the elderly.

## **Semi Conclusion**

UK residential policy for the elderly keeps pace with the times. The British government will improve the home-based care policy for the elderly at different times, and the policy will make appropriate improvements in response to different social and environmental factors. The Government will also listen to experts' opinions to carry out reforms. The UK government continues to introduce new legislation to oversee or improve residential care for the elderly. Such as the Care Quality Council (CQC). It can be seen that the British government is striving for perfection in its policies on residential care homes for the elderly, and it understands the needs of the community to improve its policies. Conversely, the Hong Kong government has not formulated a long-term plan for residential care policy. Cheng Lai-ling, business director of the Hong Kong Council of Social Service, said, "There is a blank period of more than ten years in the planning of elderly care services." The Hong Kong government has not reviewed the policy in a timely manner and proposed an effective direction for improvement, and still implements an inherent policy direction, which is not suitable for the current Hong Kong society.

## **Policy Suggestion**

The Hong Kong government needs to change the course of the elderly home policy. The government needs to admit that "Aging in place" is outdated and no longer suitable for the current Hong Kong society. The government needs to redefine the long-term direction of the elderly care policy, and it will be carefully planned at each stage. It is hoped that the shortage of subsidized elderly homes can be improved within a few years. The government should quickly enact legislation to strengthen the regulation of private residential care homes for the elderly. It can follow the example of the United Kingdom to set up a residential care home monitoring committee to supervise all private residential care homes for the elderly and give ratings to private residential care homes for the elderly. Scores are too low and need to cease operations or require them to make overall improvements. Secondly, the government should provide more appropriate assistance to the elderly, such as providing them with financial assistance to live in residential care homes for the elderly or providing them with a comprehensive nursing assessment and carrying out proper renovation works for their furniture to reduce Risk of accidents at home for the elderly.

## **Conclusion**

The policy on residential care homes for the elderly in Hong Kong lacks a correct long-term development policy. In the "Aging in place as a core" proposed in the 1970s, the community and the elderly care home serve as a backup auxiliary role. This policy guideline simply does not apply to the current situation in Hong Kong society. The government has not taken this issue seriously for many years, and has always left the problem of elderly care to families and elders to solve themselves. Private residential care homes for the elderly have always played an important role in the development of residential care homes for the elderly in Hong Kong. The government has left the free market to determine the development direction of residential care homes for the elderly. However, the quality of private residential care homes for the elderly has always been subject to public concern and doubts. Subsidized residential care homes for the elderly have always served the elderly with a high level of care services, but subsidized residential care homes for the elderly have been in a state of shortage for a long time. The government has not resolved the shortage of subsidized residential care homes for the elderly as soon as possible. All these factors have caused the current development of residential care homes for the elderly in Hong Kong to stagnate and develop in a wrong direction.

## References

- Audit Commission Hong Kong (2014), "Provision of long-term care services for the elderly", available at: [http://www.aud.gov.hk/pdf\\_e/e63ch01.pdf](http://www.aud.gov.hk/pdf_e/e63ch01.pdf) (accessed 5 September 2019).
- Chui, E. (2008), "Ageing in Place in Hong Kong – challenges and opportunities in a capitalist Chinese city", *Ageing International*, Vol. 32 No. 3, pp. 167-182.
- Chui, E. (2011), "Long-term care policy in Hong Kong: challenges and future directions", *Home Health Care Services Quarterly*, Vol. 30, pp. 119-132.
- Elderly Services Programme Plan. (2017). Retrieved from [https://www.elderlycommission.gov.hk/en/download/library/ESPP\\_Final\\_Report\\_Eng.pdf](https://www.elderlycommission.gov.hk/en/download/library/ESPP_Final_Report_Eng.pdf)
- Holroyd, E.A. and Mackenzie, A. (1995), "A review of the historical and social processes contributing to care and caregiving in Chinese families", *Journal of Advanced Nursing*, Vol. 22 No. 3, pp. 473-479.
- Kwong, E. W. Y., & Kwan, A. Y. H. (2002). A review of private residential care in Hong Kong: Implications for policy and practice. *Journal of Aging & Social Policy*, 13(4), 73-89.
- Lam, G. (2020). Problems encountered by elders in residential care services in Hong Kong. *Asian Education and Development Studies*.
- Lau, S.K. (1977), *Utilitarianistic Familism: An Inquiry into the Basis of Political Stability in Hong Kong*, Social Research Center, The Chinese University of

Hong Kong, Hong Kong.

Labor and Welfare Bureau (2018), “LCQ20: statistical information on residential care homes for the elderly”, available at: [https://www.lwb.gov.hk/eng/legco/04072018\\_4.htm](https://www.lwb.gov.hk/eng/legco/04072018_4.htm) (accessed 12 June 2019).

Legislative Council Secretariat (2017), “Residential care services for the elderly”, available at: <https://>

[www.legco.gov.hk/research-publications/english/1617iss22-residential-care-services-for-the-elderly-20170314-e.pdf](http://www.legco.gov.hk/research-publications/english/1617iss22-residential-care-services-for-the-elderly-20170314-e.pdf) (accessed 12 June 2019).

Lievesley, N., Crosby, G., Bowman, C., & Midwinter, E. (2011). *The changing role of care homes*. London: BUPA and Centre for Policy on Ageing.

Overview of Residential Care Services for the Elderly. (2021). Retrieved from [https://www.swd.gov.hk/tc/index/site\\_pubsvc/page\\_elderly/sub\\_residentia/id\\_overviewon/](https://www.swd.gov.hk/tc/index/site_pubsvc/page_elderly/sub_residentia/id_overviewon/)

NHS (2019). Care homes. Retrieved from <https://www.nhs.uk/conditions/social-care-and-support-guide/care-services-equipment-and-care-homes/care-homes/>

Wilber, K.H., Schneider, E.L. and Thorstenson, K.H. (1997), “Long-term care financing: challenges and choices confronting decision makers”, in Wilber, K.H., Schneider, E.L. and Polisar, D. (Eds), *A Secure Old Age: Approaches to Long-Term care financing*, Springer, New York, NY, pp. 11-29.