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Issue 012
2016 March

Advocacy


Our opinion on Pilot Scheme on Community Care Service Voucher for the Elderly

Our Deputy Director (Service and Development) Miss Chak Tung Ching and Superintendent of our Shun Lee Home for the Elderly Miss Tong Yee Lai Andy together with Hong Kong Council of Social Service and representatives of the field voiced their opinions in the special meeting of the Panel on Welfare Service of the Legislative Council on 6 February regarding the second phase of the Pilot Scheme on Community Care Service Voucher for the Elderly (Pilot Scheme).

"Ageing in place" has always been the basic principle of Elderly Policy and it is also the desire of most elders. The Elderly Commission commissioned a consultant to conduct a research on elderly community service in 2010 to explore a more flexible and diversified service model. The government then adopted the recommendation of the consultant and with an allocation of \$0.38 billion from Lotteries Fund, the first phase of the Pilot Scheme began in September 2013. Sau Po Centre on Ageing of the University of Hong Kong was commissioned to conduct an evaluation study on the first phase of the Pilot Scheme.

The mid term evaluation has been completed and with regard to the implementation of second phase, the government put forward some suggestions to be discussed in January and February at the Panel on Welfare Services, including: (1) To expand the scope of service users such as apart from impairment at moderate level as assessed by phase one, elders who are severely impaired are also included. (2) An additional 1800 vouchers will be issued, furthermore, service area expanded from the original eight districts to 18 districts all over Hong Kong. (3) Value of the vouchers will be changed from \$6,259 in the first phase to five vouchers of different values (ie, \$8,300, \$7,000, \$6,250, \$5,000 and \$3,500). (4) The five levels of co-payment of the first phase will be increased to six in the second phase. (5) The government also recommends private organisations as recognised service providers in the second phase. (6) Apart from conducting sudden visits and random samplings as in the first phase, a central working group will be formed for monitoring and providing assistance to voucher users.

With regard to the recommendations put forward by the government, what the field concerns most was the introduction of private organisations as recognised service providers. The government should first have a careful, effective and transparent monitoring mechanism with sufficient manpower to ensure service quality before introducing private organisations to the Pilot Scheme. The field is conducting studies about calculation of cost, indicators for effectiveness that have yet been completed. Furthermore, the framework about long term care and its planning also require more in-depth study. Therefore, apart from monitoring service quality, the government should primarily clarify the fundamental concerns of the Pilot Scheme such as an objective and effective assessment tools to establish a reasonable value for the vouchers according to the needs of elders, a reasonable ratio of co-payment method, and the establishment of an effective and comprehensive case management system. At present, the government is unable to disclose the manpower planning and the operation details of the central working group, whether it can serve its roles to manage cases and monitor them are still unknown.

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