

**For discussion on
14 January 2022**

Paper FC 2/2022

Family Council

The Consultancy Study on Needs and Support Required of Carers of Elderly Persons and of Persons with Disabilities in Hong Kong

PURPOSE

This paper provides background information to facilitate Members' discussion of the presentation to be made by the Labour and Welfare Bureau (LWB) and the Hong Kong Polytechnic University (PolyU) on the Consultancy Study on Needs and Support Required of Carers of Elderly Persons and of Persons with Disabilities in Hong Kong (the Study). A copy of the relevant Powerpoint presentation is at [Annex](#).

BACKGROUND

2. LWB implements various services and pilot schemes to assist elderly persons and persons with disabilities to live in the community. Some support services are also provided to carers of elderly persons and persons with disabilities, including provision of carers with information, training service, counselling service, outreaching service, assistance to form mutual assistance groups, demonstrations and loans of rehabilitation equipment, cash support, as well as provision of home-based or centre-based care services, residential respite services and day respite services to eligible elderly persons and persons with disabilities in need.

3. With an ageing population and changes in social environment, the number of carers and support services needed are expected to increase. To address this issue, LWB commissioned a multi-disciplinary consulting team of PolyU in July 2020 to assist in carrying out the Study to explore more thoroughly the needs of carers and formulate a more comprehensive policy. The consulting team has finished collecting the required empirical data and is in the course of consulting relevant government bureaux/departments and

advisory bodies about the preliminary findings and recommendations before finalising the Final Report.

ADVICE SOUGHT

4. Members are invited to note the content of the presentation and provide views.

**Family Council Secretariat
January 2022**

Consultancy Study on Needs and Support Required of Carers of Elderly Persons and of Persons with Disabilities in Hong Kong

Family Council

14 January 2022

PolyU Consulting Team



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Existing carer support services subvented/subsidised by the Government

Elderly services

Aspect	Services / Programmes
I. Centre-based community support services	<p>Elderly Centres and Day Care Centres/ Units for the Elderly (DEs/DCUs)</p> <ul style="list-style-type: none"> A total of 211 subvented elderly centres and 90 DEs/DCUs provide support services for carers of elderly persons; Including information and counselling services, group activities and skill training, mutual support groups, and demonstration/loan of rehabilitation-aid equipment. <p>Support Teams for the Elderly</p> <ul style="list-style-type: none"> The Support Teams for the Elderly under the 41 District Elderly Community Centres identify potentially vulnerable elderly persons and their carers through various outreaching services and community networks; The teams would show care for elderly persons through regular telephone contacts and home visits, provide them with emotional support and counselling; match suitable volunteers and encourage elderly persons of similar-background to set up self programming groups, or refer those in need to other support or care services.
II. Home-based community support services	<p>Integrated Home Care Services (Frail Cases) and Enhanced Home and Community Care Services</p> <ul style="list-style-type: none"> A total of 13,365 service places are provided through the 61 service teams of Integrated Home Care Services (Frail Cases) and 31 service teams of Enhanced Home and Community Care Services; Services include personal care, basic and special care, rehabilitation exercises, counseling services, 24-hour emergency support, respite service, home environment safety assessment and improvement suggestions, housekeeping and meal delivery service, escort service, and carer support, etc.
III. Respite services for elderly persons	<p>Residential respite and day respite for the elderly</p> <ul style="list-style-type: none"> In addition to the 58 designated places in subvented RCHes and contract homes, residential respite service is also provided in all subvented RCHes and contract homes through the use of casual vacancies. A total of 280 designated residential respite places are provided through 140 private homes participating in the Enhanced Bought Place Scheme (EBPS); There are a total of 208 designated day respite places provided under 46 subvented DEs/DCUs for elderly persons.
IV. Project-based services	<ul style="list-style-type: none"> Integrated Discharge Support Programme for Elderly Patients; Pilot Scheme on Support for Elderly Persons Discharged from Public Hospitals after Treatment; Pilot Scheme on Community Care Service Voucher for the Elderly; Pilot Scheme on Living Allowance for Carers of Elderly Persons from Low-income Families; Support for Carers Project; Pilot Scheme on Training for Foreign Domestic Helpers in Elderly Care; Dementia Community Support Scheme: 41 DECCs and 7 HA clusters Dementia Friendly Community Campaign

Existing carer support services subvented/subsidised by the Government (cont'd)

Services for Persons with Disabilities

Aspect	Services/Programmes
I. Centre-based community support services	District Support Centres for Persons with Disabilities (DSCs) <ul style="list-style-type: none"> 16 DSCs offer training, care, social, psychological and personal development activities for persons with disabilities taking account of their needs; and provide support and training for their family members and carers (including care skills training, mutual support groups, relevant educational courses/seminars/workshops, leisure and family recreational activities) for enhancing their caring capabilities and lessening their pressure; From 2020-21, resources have been reserved for progressively increasing the number of DSCs from the present 16 to 21.
	Parents/Relatives Resource Centres (PRCs) <ul style="list-style-type: none"> 19 PRCs facilitate parents, family members and carers in need to share experience, and strengthen their caring capabilities; as well as to attain mutual support, acquaintance and acceptance of family members with disabilities under PRCs' assistance
	Social and Recreational Centres for the Disabled (S&RCs) <ul style="list-style-type: none"> S&RCs provide social, recreational and developmental activities for persons with disabilities; In 2020-21, SWD has increased resources for strengthening S&RCs' community support function, particularly the support for family members and carers, including enhancing emotional support and counselling service to persons with disabilities and their family members and carers; getting in touch with the less motivated persons with disabilities and their family members and carers through outreaching services, hence providing immediate assistance in bridging the needy to suitable community services; and strengthening the support network of persons with disabilities and their family members and carers through volunteer service.
	Support Centres for Persons with Autism (SPAs) <ul style="list-style-type: none"> SPAs seek to, through multi-disciplinary teams (comprising clinical psychologists, social workers, occupational therapists, speech therapists, etc.), enhance the living, social and job skills of young persons with high-functioning autism for helping them cope with the needs in the transition to adulthood ; SPAs also provide support for parents and carers (including casework, group and programme support, and assistance in building mutual support network) as well as advisory services and professional training for other subvented rehabilitation service units and frontline staff serving persons with autism.
	Day Care Service for Persons with Disabilities <ul style="list-style-type: none"> Provides centre-based day care for persons with severe disabilities. Its objective is to promote care in the community by strengthening the caring capability of families or carers through provision of regular day care including nursing, rehabilitation, social and personal care services so as to enhance opportunities of persons with severe disabilities to continue living in the community; As at end April 2021, there are a total of 245 service places under the Care and Attention Homes for Severely Disabled Persons, District Support Centres and Community Rehabilitation Day Centres.
	Self-help Organisations of Persons with Disabilities / Chronic Illnesses <ul style="list-style-type: none"> An annual amount of \$21 million is provided as time-limited and project-based financial assistance to self-help organisations of persons with disabilities and their families / carers through the "Financial Support Scheme for Self-help Organisations of Persons with Disabilities / Chronic Illnesses".

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Existing carer support services subvented/subsidised by the Government (cont'd)

Services for Persons with Disabilities

Aspect	Services/Programmes
II. Home-based community support services	<ul style="list-style-type: none"> Six service teams of Home Care Service for Persons with Severe Disabilities (HCS) and two service teams of Integrated Support Service for Persons with Severe Physical Disabilities (ISS) provide a range of integrated home-based services (including personal care, nursing care and rehabilitation training) for persons with disabilities in need; carer support (including counselling service, care skills training, home respite service and service referral).
III. Respite services for persons with disabilities	<ul style="list-style-type: none"> As at March 2021, there were a total of 160 day respite service places provided in the Day Activities Centres, District Support Centres for Persons with Disabilities and Care and Attention Homes for Severely Disabled Persons; as well as 344 residential respite service places in different types of RCHDs; From 2021, SWD purchases over 40 places as designated residential respite service from RCHDs participating in the Bought Place Scheme (BPS) for Private RCHDs to provide more service places and options for carers in need.
IV. Programme-based services	<ul style="list-style-type: none"> Pilot Scheme on Living Allowance for Low-income Carers of Persons with Disabilities; Pilot scheme on providing subsidy for Higher Disability Allowance recipients in paid employment to hire carers; Special Care Subsidy for the Severely Disabled

Other support

SWD hotline service	<ul style="list-style-type: none"> SWD hotline <2343 2255> provides information on welfare services in the form of voice messages or facsimile transmission to callers through a 24-hour interactive voice response system; Social workers on duty also provide counselling, support and advice and arrange appropriate follow up services for those in-need.
SWD websites/webpages on relevant services	<ul style="list-style-type: none"> SWD elderly services https://www.swd.gov.hk/te/index/site_pubsvc/page_elderly/ SWD rehabilitation services https://www.swd.gov.hk/te/index/site_pubsvc/page_rehab/ SWD Elderly Information Website https://www.elderlyinfo.swd.gov.hk/te SWD Information Website for RCHDs https://www.rchdinfo.swd.gov.hk/ Vacancy Enquiry System for Residential Respite Service for Persons with Disabilities, Residential Respite Service for the Elderly and Emergency Placement for the Elderly https://www.vesrrsep.swd.gov.hk/te Dementia Friendly Community Campaign https://www.swd.gov.hk/dementiacampaign/te/index.html Pilot Scheme on Training for Foreign Domestic Helpers in Elderly Care (On-line Training Videos) https://www.swd.gov.hk/te/index/site_pubsvc/page_elderly/sub_online/

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Existing carer support programs financed by charity funds

Aspect	Initiatives / Programs
Awareness and Information	<ul style="list-style-type: none"> • Carer EPS (BOK) • Big Silver Community (Big Silver Community Limited) • Resource and Support Centre for Carers (Caritas HK)
Carer training	<ul style="list-style-type: none"> • CARE College (BOK) • Jockey Club All Brilliant Carers Projects (HKFWC)
Family and neighbourhood support	<ul style="list-style-type: none"> • Elderly Sitters – Pilot Project on Community Support and Senior Employment (The Chinese Rhenish Church HK Synod) • Time bank projects (HKSKH Tseung Kwan O Aged Care Complex; BOK Lai Yiu NEC) • Community carer café/dementia café (AKA; HKFWC)
Workplace Support	<ul style="list-style-type: none"> • Flexible working hours, Parent Angel Team, regular talks and workshops for carers (Meiriki) • 2-day per year carer leave for staff, free 3-month trial for new users of Care-and-Call service, flexible working hours, free workshops for carers (Kerry Group)
Risk identification and management	<ul style="list-style-type: none"> • Multi-dimensional Risk Assessment Tool (HKCSS; HKU CoA) • Caregiver Support Model (CSM) and Psycho-education Program on Empowerment: Development and Validation (CityU)
Use of technology	<ul style="list-style-type: none"> • 656carer.com (SJS, HK Society for Rehabilitation, etc.) • WeRise Mobile Platform for Stroke Patients and their Caregivers (HKU Faculty of Medicine)
Respite service	<ul style="list-style-type: none"> • Jockey Club "Stand by U" Caregivers Community Support project (HKAG, CFSC, Salvation Army, HKSKH Lady MacLehose Centre & SJS) • Caregiver Companion Project (AKA) • Elderly Sitters – Pilot Project on Community Support and Senior Employment (The Chinese Rhenish Church HK Synod)

HKFWC: Hong Kong Federation of Women's Centres; BOK: Baptist Oi Kwan Social Service; NEC: Neighbourhood Elderly Centre; HKSKH: Hong Kong Sheng Kung Hui; HKCSS: Hong Kong Council of Social Service; HKU CoA: Sau Po Centre on Ageing, The University of Hong Kong; HKAG: Hong Kong Association of Gerontology; CFSC: Christian Family Service Centre; SJS: St. James' Settlement.



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Background and Objectives

- LWB has commissioned a multi-disciplinary consulting team of the Hong Kong Polytechnic University to carry out a consultancy study (Consultancy Study) to collect empirical data (both quantitative and qualitative) so as to explore the needs of the carers and their service expectations
- The Consultancy Study's objective is to propose evidence-based and carer-centered recommendations to support carers of elderly persons and persons with disabilities, with the aim to enable carers to maintain a balance between their caring responsibilities and a life outside caring. Study findings will facilitate integrating and prioritising resources injected by the Government, and examining relevant initiatives/programs by NGOs, academics and charities, so as to provide effective support to carers of frail elderly persons and persons with disabilities
- ▶ To achieve the aims of the Consultancy Study,
 - previous empirical findings regarding carers' issues, service needs, and policies were reviewed,
 - references from other economies were drawn,
 - various carers and stakeholders were engaged through mixed method studies to acquire an in-depth understanding of carers' needs and service expectations, and
 - pilot schemes were analysed and their way forward on providing resource support to carers was explored.



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Eight Studies Conducted to Achieve Study Objectives

Study	Research topic	Number of respondents in qualitative study (focus group/ interview)	Number of respondents in quantitative study (survey)	Total
Study 1	A literature review	N/A	N/A	N/A
Study 2	A review and field study of carer support measures in other economies	N/A	N/A	N/A
Study 3	Identifying the needs, strengths, and service expectations of carers of elderly persons	31	1,112	1,143
Study 4	Identifying the needs, strengths, and service expectations of carers of persons with disabilities	49	1,307	1,356
Study 5	Developing a typology of normative needs and service expectations of carers of elderly persons from the perspective of stakeholders	27	421	448

Eight Studies Conducted to Achieve Study Objectives (cont'd)

Study	Research topic	Number of respondents in qualitative study (focus group/ interview)	Number of respondents in quantitative study (survey)	Total
Study 6	Developing a typology of normative needs and service expectations of carers of persons with disabilities from the perspective of stakeholders	39	745	784
Study 7	Exploring way forward on financial support to carers of elderly persons	38	376	414
Study 8	Evaluating two Pilot Scheme (namely, Special Care Subsidy for the Severely Disabled, and Pilot Scheme on Providing Subsidy for Higher Disability Allowance Recipients in Paid Employment to Hire Carers) and exploring their way forward in coordination with the Pilot Scheme on Living Allowance for Low-income Carers of Persons with Disabilities	40	432	472
Total		224	4,393	4,617

Key Findings and Recommendations

Proposed policy model – guiding principles

Integrating, re-focusing & prioritising the existing services in accordance with the following principles:

A) Carer in the community

- see carers' roles and needs in the community
- shared responsibilities among families, communities, businesses, and the government

B) Capacity building of carers

- affirmation of roles and abilities of carers
- enhancement of personal strengths, self-efficacy, and confidence

C) Multi-partite collaboration

- joint effort among different stakeholders and sectors
- e.g., medical, health, welfare & education

D) Sustainability of carer support

- sustainable and adequate support for different types of carers along the caring journey
- encourage business sector/social enterprises to provide carer support with sustainable development models

Strength, Support and Service Integration for Carers: A Collaborative Model (Triple S Model)



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Proposed Definitions of Key Terms

- **Carers:**
Carers refer to the persons who provide *on-going* and *regular unpaid care or support* to a person who has an illness, a disability, frailty due to ageing or disability, a mental health problem, a terminal illness, or some other special care needs. Carers are usually family members, relatives or significant others.
- **High-risk carers:**
High-risk carers are usually those whose caregiving distress increase suddenly and tremendously due to changes in some aspects of caregiving episodes, changes in living environment, health condition of carees or the carers, or caregiving mode. They usually feel helpless and hopeless.
- **Hidden carers:**
Hidden carers are people who provide unpaid care for a person with a disability, chronic illness or frailty due to old age but *do not think of themselves as 'carers'*, and are therefore less likely to seek or access support (Knowles et al., 2016).

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Triple S Model

Overall Policy Statement:

To provide effective and timely support to carers of elderly persons and persons with disabilities across their lifespan and at different stages of caregiving through building carers' personal strength, encouraging support from their families and neighbourhood, and integrating community support services

Triple S Model

• Carer Strength Building



Objective: to build up the strength of carers of elderly persons and persons with disabilities through increasing their awareness and readiness to seek help, providing them with comprehensive information on available support resources, and upgrading their knowledge and self-management skills to enable them to better cope with challenges resulting from the process of caregiving

Triple S Model



- **Carer Strength Building**
 - **I. Awareness and readiness**
 1. Raise awareness of carers about the importance, availability, and access of information and increase the readiness of carers and intermediate parties to seek help from available services
 - **II. Information**
 2. Examine existing websites and encourage NGOs / social enterprises / corporates to develop a carer centric and sustainable information gateway to address carers' needs
 - **III. Knowledge and self-management**
 3. Provide carer-centric training and intervention to promote carers' wellbeing, self-management, ability to cope with stress, as well as to strengthen their caregiving capacity

Triple S Model



- **Encouraging Family and Informal Support**

Objective: to encourage more family members to share caregiving duties, strengthen mutual assistance in the neighbourhood, and foster a carer-friendly environment in the workplace.

Triple S Model



- **Encouraging Family and Informal Support**
- **IV. Family and neighbourhood support**
 4. Promote family-based support and mutual assistance among peer carers across their life span and at different stages of their care-giving journey
 5. Cultivate carer-friendly neighbourhoods
- **V. Workplace support**
 6. Devise and promote a carer-friendly support environment in the workplace so as to help carers strike a balance between their work and their caregiving role

Triple S Model



- **Service Integration**

Objective: to identify, in a timely and valid manner, carers at high risk, integrate carer-centric services, facilitate multi-partite collaboration among different sectors, professions, public and private sectors, and the adoption of flexible and innovative operation models (including promoting the use of technology) for sustainable carer support.

Triple S Model

- **Service Integration**
- **VI. Risk identification and management**
 7. Develop a local self-administered assessment tool with the aim of increasing the knowledge of carers in terms of needs, risk identification and management, and potential support available
 8. Identify high-risk carers and provide timely support
- **VII. Use of technology**
 9. Better introduce, access and utilise assistive technologies to relieve the care burden, enhance caring capability and improve carers' quality of life
- **VIII. Respite Service**
 10. Increase accessibility and diversity of respite service (such as day, home, sitter, regular) to give carers relief from the burden of care



1. Raise awareness of carers about the importance, availability, and access of information and increase the readiness of carers and intermediate parties to seek help from available services

A. Carers' needs and challenges, current service provision and gaps

- Study revealed low usage of existing support by carers (e.g. emotional support [16.3%], enquiry services[33.6%], mainly due to “I don't know the service / how to apply”
- Raising “awareness” is an important component in other economies in supporting carers (e.g., Australia, UK, Singapore)
- Awareness campaigns exist but relatively small scale and focus mainly on care recipients

B. Proposed initiatives, objectives and target groups

- To promote awareness of importance and availability of information among carers, especially hidden carers and increase their readiness for seeking help;
- To involve primary and secondary carers as well as carers' support network; remind carers of common “high-risk” situations or episodes

C. Proposed content and operational considerations

1. Dissemination of information
 - Traditional channels and mass advertising
 - Increase communication among service units, departments or bureaux
2. “Carer Awareness Week”
 - Involve stakeholders (e.g., employers) of different sectors to expand the impact
3. Enhancing awareness of case management available in community support services

2. Examine existing websites and encourage NGOs / social enterprises / corporates to develop a carer centric and sustainable information gateway to address carers' needs

A. Carers' needs and challenges, current service provision and gaps

- Encounter difficulties in understanding information or determining whether particular services fit their needs
- Information is disseminated on the websites, but is fragmented, not updated, nor tailoring to the needs of the carers

Good practices

- HKFWC: Jockey Club ABC Project
- Australia: The Carer Gateway
- Canada: The Canadian Caregiving Network

B. Proposed initiatives, objectives and target groups

- To encourage NGOs / social enterprises / corporates to operate a comprehensive information gateway for carers in a sustainable business model

C. Proposed content and operation considerations

- Interactive (allow keyword search functions)
- Operated by a stand-alone entity in a sustainable business model
- Can be used by different types of mobile devices
- Timely update

3. Provide carer-centric training and intervention to promote carers' wellbeing, self-management, ability to cope with stress, as well as to strengthen their caregiving capacity

A. Carers' needs and challenges, current service provision and gaps

- Top 1 most needy carers are those “with mental and emotional problems”, and high importance of counselling service, as perceived by stakeholders. Yet, very few (16.3%) carers have used any emotional support services;
- Successful examples: UK (START Programme), Australia (Carer Gateway Self-coaching), Canada (MeSSAGE Programme), Guangzhou (“Carers Haven”);
- Carer may gain training and support from existing services/centres: PRCs, DSCs, DECCs, NECs, and EHCCS etc.;
- Lack of information among carers

B. Proposed initiatives, objectives and target groups

- Build up carers' self-management, stress coping skills and caregiving capacity;
- Provide onsite parallel support to carers;
- Make good use of current training resources (e.g.: ERB courses, PRC counselling groups, CBMP course)

C. Proposed content and operational considerations

- Theoretical model, e.g., 4 domains of self-efficacy: Mastery, Modelling, Social persuasion, and Managing stress and emotional responses;
- Pilot the programme in a hybrid mode, including web-based, centre-based, and in-home components collaborating with existing community centres

4. Promote family-based support and mutual assistance among peer carers across their life span and at different stages of their care-giving journey

A. Carers' needs and challenges, current service provision and gaps

- Caregiving role is an important aspect in family but there is insufficient recognition and support from their immediate circle
- Elderly and inter-generation focused promotional/educational activities have been implemented through NGOs or tertiary institutions, and pilot Carer Café programmes have been launched in Hong Kong

B. Proposed initiatives, objectives and target groups

- Involve more family members to share caregiving duties through community education, strengthen social networks in the neighbourhood so as to promote mutual assistance, and establish a platform for knowledge sharing among carers at different stages of caring journey

C. Proposed content and operational considerations

- Promotional/educational activities
- Carer Café programmes
- Community-based Peer Support Programmes

5. Cultivate carer-friendly neighbourhoods

A. Carers' needs and challenges, current service provision and gaps

- Support from the daily contact point of carers is needed but insufficient
- The current services include some projects supported by public or charity funds have been successful in cultivating good neighbourhoods, e.g., the Carer EPS was launched by Baptist Oi Kwan Social Service, and a few NGOs and universities are trying out different models of time banks to promote support to elderly persons and carers

B. Proposed initiatives, objectives and target groups

- Cultivate carer-friendly neighbourhoods

C. Proposed content and operational considerations

- To encourage business sector to be carer friendly
- To promote the concept of carer-friendly neighbourhood
- To integrate and enhance the types and availability of community care services

6. Devise and promote a carer-friendly support environment in the workplace so as to help carers strike a balance between their work and their caregiving role

A. Carers' needs and challenges, current service provision and gaps

- Many carers who have to juggle employment and caregiving decide to leave paid employment due to stress and lack of support

B. Proposed initiatives, objectives and target groups

- Working carers and young carers are in urgent need of support in work or in their study

C. Proposed content and operational considerations

- To help organisations retain talented employees who might quit job due to heavy caregiving burden
- To encourage carer-friendly work arrangement
- To strengthen the peer support network of and provide a channel for young adult carers to voice their concerns

7. Develop a local self-administered assessment tool with the aim of increasing the knowledge of carers in terms of needs, risk identification and management, and potential support available

A. Carers' needs and challenges, current service provision and gaps

- Needs of carers varied considerably and were individualised and complex
- No tools for addressing the service needs of carers of persons with disabilities

B. Proposed initiatives, objectives and target groups

- To increase self-awareness of carers
- To identify high risk carers and carers' needs efficiently
- To match carers with appropriate service providers for risk management and support

C. Proposed content and operational considerations

- Features of the self-administered assessment tool
 - Easy to use
 - Voluntary in nature and should be easily accessible to carers
 - Cover all aspects of needs, including physical, psychological, and other needs
 - Available online
 - Recommend and connect carers to appropriate service providers upon carer consent

8. Identify high-risk carers and provide timely support

A. Carers' needs and challenges, current service provision and gaps

- Carers may lack skills to cope with unfamiliar situations
- Emotional support are underutilized due to a lack of access
- Lack of emergency support service specifically for high risk carers
- Telephone support is a feasible method of delivering information, referral, education, and psychosocial support to carers. Can tap into existing hotline service, e.g.,
 - SWD: Hotline Service <2343 2255> (not specifically for carers)
 - Caritas Jockey Club Carer Support Hotline: <3892 0101> (not round the clock)
 - SCHSA Care-on-call service: 24/7 support service (not specifically for carers)

B. Proposed initiatives, objectives and target groups

- To provide timely support for high-risk carers
- To integrate and prioritise existing community support services to better support high risk carers.

C. Proposed content and operational considerations

- Instant needs assessment
- Information & referral
- Addressing urgent need for service
- Crisis interventions preventing self-harm and suicidal behaviours
- Follow up service

9. Better introduce, access and utilise assistive technologies to relieve the care burden, enhance caring capability and improve carers' quality of life

A. Carers' needs and challenges, current service provision and gaps

- 37% carers had the experience of using assistive technologies (AT), in which 94% regarded AT as a useful tool to reduce stress

B. Proposed initiatives, objectives and target groups

- Better introducing AT and strengthening referral through online platform and offline access
- Enhancing carers' confidence and motivation in the use of AT

C. Proposed content and operational considerations

1. Better introducing AT and strengthening referral through online platform and offline that run by NGOs

- Encourage NGOs to expand the scope of the existing platforms on AT (e.g., Gerontechnology Platform operated by HKCSS) to apps version and build business models for regular updating and sustainability of the platforms.

2. Providing financial support for rental of AT for individuals with financial difficulty

- Such as, expand scope of HKJC's Age at Home Scheme to cover persons with disabilities, expand scope of CCSV to rent AT

3. Promoting the confidence and motivation of the carers and carees in the use of assistive technologies by NGOs

- Training on AT should be provided to raise digital health literacy, sensitivity and capacity in engaging with technological devices and services.

10. Increase accessibility and diversity of respite service (such as day, home, sitter, regular) to give carers relief from the burden of care

A. Carers' needs and challenges, current service provision and gaps

- Usefulness: 82.5% stakeholders regarded respite service as useful
- Usage of day respite service: 55.3% in 2019/20
- Unmet respite services: application and accessibility

B. Proposed initiatives, objectives and target groups

- Address carers' knowledge and readiness
- Motivate and monitor respite service providers

C. Proposed contents and operational considerations

- Integrating existing services & resources to increase service capacity
- Facilitating provision of respite care by private sector, social enterprises and charities (e.g., as CCSV RSPs)
- Revisiting the eligibility criteria for users of respite services for easy accessibility
- Enhancing monitoring of respite service
- Training of the staff
- Increasing the diversity and professionalism of respite services