

Older Adults as Caregivers in Hong Kong

**Original article, accepted for publication in
China Journal of Social Work (2010), 3(2), pp. 231-245.**

Teresa B.K. Tsien and Guat Tin Ng

Teresa B.K. Tsien, Senior Clinical Associate, Email: ssteresa@polyu.edu.hk

Guat Tin Ng, Assistant Professor, Email: ssngt@polyu.edu.hk

The Hong Kong Polytechnic University; Department of Applied Social Sciences; Hung Hom, Kowloon; Hong Kong Special Administrative Region

Teresa B.K. Tsien (MSW, MPH, CSW, RSW) is currently the Co-director of the Institute of Active Ageing, Senior Clinical Associate and Programme Director of the Department of Applied Social Sciences, Hong Kong Polytechnic University. She is also a part-time lecturer for the MSc in Clinical Gerontology programme at the Chinese University of Hong Kong. She specializes in aging studies and research, especially in dementia care and carer support. She is appointed by the Chief Executive as a member of the Social Welfare Advisory Committee, the Guardianship Board and the Community Chest. She is elected as a member of the Election Committee representing the social welfare sector and a Board member of the Hong Kong Council of Social Service.

Guat-tin Ng (M.Sc., Ph.D) is Assistant Professor, Department of Applied Social Sciences, Hong Kong Polytechnic University. Her research interests include family caregiving (with a special focus on spousal carers), care of older persons, particularly those living alone, and cross-national comparison of government policies on aged care. Since moving to Hong Kong to work, she has developed new interests in social work development in China, particularly Chinese policies relating to disaster recovery and management.

Abstract: Along with many city and countries around the world, the age structure of the Hong Kong Special Administrative Region's population is shifting towards a greater proportion of older adults. In 1983, the aged population (65 years and above) reached 7% and this rate is expected to double to 14.4% by 2016, a relatively short period of 33 years. However, negative stereotypes of older adults are prevalent, particularly in societies such as Hong Kong. In addition to having low education and low literacy, most older adults lack retirement pensions, which reinforce negative images of them as non-productive and dependent. This paper considers the productive contributions of older persons in Hong Kong to family caregiving in three areas, namely, spousal caregiving, caregiving for adult children with physical and developmental disabilities, and grandparenting.

The paper is organized into four sections. The first section reviews existing literature on family caregiving in Hong Kong. The second section addresses the effects of caregiving on caregivers themselves and their family members. The third section considers the policies and services currently available to support and reward older adults in their caregiving roles. The fourth section proposes policy changes to better enhance older adults' productivity and increase the value of caregiving. Case examples are provided to illustrate caregiving experiences in Hong Kong.

与世界上很多国家与城市的情况一样，香港特别行政区人口的年龄结构也越来越趋于老龄化。1983年，65岁或以上的老年人口只占总人口的7%，预计33年后的2016年，此比例会翻倍增加到14.4%。

但是，社会普遍对老年人抱持负面印象，尤其是在香港这样的社会。除了教育程度与文化水平低这些因素，大多数老年人都缺少退休保障金，这更加使得人们认为老年人没有生产力、依赖性强。本文将探讨香港老年人对于家庭照顾的“产出性”贡献。此家庭照顾主要分为三方面：照料配偶，看护有身体或发展性残障的成年子女，以及隔代照看。

本文分为四个部分。第一部分回顾香港家庭照顾方面的文献。第二部分探讨“照顾”对于照顾者本人及家庭成员的影响。第三部分研究目前对于“家庭照顾者”的老人们有哪些支持与回馈性的政策与服务。第四部分就如何更好地提升老年人“生产力”与家庭照顾的价值提出政策建议。本文也分享了一些香港家庭照顾的案例研究。

Keywords: productive aging; family caregiving; spousal caregiving; caregiving for adult children with physical and developmental disabilities; grandparenting; Hong Kong

Introduction

Along with many countries around the world, the age structure of Hong Kong Special Administrative Region's population is shifting towards a greater proportion of older persons. In 1983, the aged population (65 years and above) in Hong Kong reached 7%, making it an aged society as defined by the United Nations, and was expected to double by 2016. At mid-2008, the population of Hong Kong was almost 7 million, of which 879,600 persons (12.6%) were aged 65 years and older (Information Services Department 2009). Population aging is due to two primary determinants: a fall in fertility rates and a rise in life expectancy. In 2006, Hong Kong's total fertility rate dropped to an extremely low level of 984 children per 1,000 women, which was way below the replacement level of 2,100 children per 1,000 women (Hong Kong Census and Statistics Department 2007). Meanwhile, the life expectancy of Hong Kong residents (at birth) has increased over the years. In 2007, the life expectancy for men and women was about 79 years and 85 years, respectively, and is projected to increase to 82 and 88, respectively, in 2031 (Task Force on Population Policy 2003, Hong Kong Census and Statistics Department 2008).

Almost all countries in the world will experience population aging, but at different paces and in different time periods (United Nations 2001). Aging populations are likely to add pressure to the healthcare system and threaten the capacity of families to care for members who are frail, dependent, or sick. As people live longer, the period of caregiving may be extended, and middle-aged caregivers may find themselves taking care of older parents in their eighties, adult children with disabilities or health problems, or grandchildren whose parents are both working. There may be fewer siblings to help take care of older parents, and married couples may find themselves taking care of parents and grandparents. In meeting these challenges, one of the public policy issues that governments, businesses, communities, human service agencies, and families will have to consider is how to sustain

family care and engage older persons in the transformation from a youthful society to an aged society, while remaining productive. Older persons should not be relegated to passive recipients of services and targets of policies but should be valued as active participants in shaping a changing world.

An active aging strategy involves changing societal stereotypes of older persons, which tend to be negative. It may be particularly so in countries such as Hong Kong. Most older persons lack retirement pensions, as the Mandatory Provident Fund was launched only in December 2000. Moreover, low literacy and low education have reinforced negative images of older persons as non-productive, dependent, and frail (Cheng *et al.* 2008). In traditional Chinese culture, older persons were considered a 'treasure at home' but this is less so now, due to a decline in the social status of older adults from earlier generations to the current generation (Chow 1983). The labour force participation of older persons declined from 9.8% to 7.0% from 1996 to 2006, a trend that was common in most parts of the world and due to factors such as lack of educational qualifications and obsolescence of skills and knowledge (United Nations 2001, Hong Kong Census and Statistics Department 2008). Employment of older persons is but one of several indicators of 'productivity in later life' (Morrow-Howell *et al.* 2001). It also has different cultural connotations. In traditional Chinese society, older people who are still working reflect a lack of filial support from children who are expected to provide financial support (Kam 2003).

This paper considers and focuses on just one aspect of productivity in later life, that is, the contributions of older adults in Hong Kong to family caregiving. Older persons are often portrayed as recipients of care or dependent on care provided by others, although they often provide care to other family members, including parents, spouses, siblings, children, and grandchildren. For this paper, the focus is on caregiving of spouses, adult children with physical and developmental disabilities, and grandchildren. The first section of this paper

reviews existing literature on family caregiving in Hong Kong. As literature on caregiving of the selected groups was lacking, three case examples obtained through convenience sampling (from different social service organizations) are provided to illustrate caregiving experiences in Hong Kong. The next section addresses the effects of caregiving on caregivers themselves and their family members. The third section of this paper reviews the policies and services currently available to support older persons in their caregiving roles and responsibilities, and the last section proposes policy changes to better enhance their productivity and increase the value of caregiving.

Family Caregiving

The literature on family caregiving in Hong Kong is sparse, in contrast with the prolific western literature on this topic. A review of the local literature suggests that more research attention has been paid to family care of older parents than care of spouses, care of adult children with disabilities, and care of grandchildren. Most of these studies examine the value and practice of filial piety among adults in caring for their parents (see e.g. Ng *et al.* 2002, Chow 2004, Lee and Kwok 2005a, 2005b, Cheung and Kwan 2009). According to traditional Chinese culture, having filial children was a ‘pre-requisite to ageing well’ (Chong *et al.* 2006, p. 261). A general conclusion of these studies on family care is that industrialization, urbanization, educational attainment, changes in family structure and function, living arrangements, and rapid technological advancement have eroded the traditionally high status and position of older persons and undermined the practice of filial piety in providing family care of older persons (Ng *et al.* 2002, Lee and Kwok 2005a, Lam 2006, Cheung and Kwan 2009). As the younger generations became better educated and enjoyed higher incomes and better standards of living, they grew apart from the older generations, who had little education, few skills, and spent most of their working lives in poorly paid, unskilled and semi-skilled jobs (Chi 2002, Cheng *et al.* 2008).

Another feature of existing literature is that most studies focus on care recipients rather than caregivers. There are some exceptions. The first is a study carried out in 1996 that interviewed 764 older persons (aged 65 or above) and 530 primary care givers (as identified by the elderly respondent in the household) in two districts (Liu *et al.* 2001). About 72% of the older persons used a mix of both formal and informal care as compared with 18% that used only informal care and 10% that used only formal care. The profile of caregivers showed a predominance of women (63%), a mean age of 52.5 years, a mean level of education of almost six years, and a majority of married status (75%). Information concerning the relationships between caregivers and older persons was not available in this study. The second is a population-based, random sample study of Hong Kong Chinese aged 35 years and above (n=3658 households) (Ho *et al.* 2007). Conducted between 2003 and 2004, the study found that 7% of households had a caregiver aged 35 years or above who provided unpaid assistance with at least one activity of daily living or instrumental activity of daily living. The caregivers were predominantly female, although only 14% and 10% of male and female caregivers, respectively, were aged 65 years or above. Finally, the use of community services, including home help, was minimal (less than 10%).

Spousal Caregiving

As mentioned earlier, the research focus on family caregiving in Hong Kong is mostly on adult children and children-in-law caring for parents. There is minimal research on spousal caregiving, despite changing patterns of living arrangements with implications for family caregiving. Statistical trends tend to show less co-residence with adult children, and with the greater participation of younger women in the labour market, the burdens of care are more likely to fall on spouses (Long and Harris 2000). Similarly in Hong Kong, Lee and Kwok (2005a) suggest that the trend is for older persons to live alone or, if they were not widowed, to live with their spouses only and to depend on them for assistance. The 2006 Census

statistics showed that the proportion of older persons living with spouse and children was 30.4% and those living with spouse only was 21.2% (Hong Kong Census and Statistics Department 2008). The corresponding figures for 1996 showed changing trends over a 10-year period: slightly higher figure for those living with spouses and children (32.1%), and lower figure for those living with spouse (16.2%). There was, however, a marked gender difference; only 36% of older women were living with a spouse versus almost 70% of older men living with a spouse. This reflected a higher proportion of widowed persons among females.

The study by Liu *et al.* (2001) showed that men expected wives to be their primary caregivers for physical care, in contrast to women who sought care mainly from their children. However, where psychological support was concerned, the primary source of support was not spouses but children and friends. The authors suggested that this could be due to a general reluctance to share their inner feelings with partners. In a study of a randomly selected sample (n=505), Lam (2006) similarly found that daily care was provided by the spouse, while adult children mostly provided emotional care and financial support. These findings seem to be at odds with those shown by other research, in that men tended to rely more on their wives for both instrumental and emotional support (Chan *et al.* 2007). The inconsistencies of research findings might be due to the differences in perspectives (care recipients vs. caregivers), target age groups (younger vs. older), and the gender of the caregivers.

The case presented below serves to illustrate a spousal caregiver who ‘grew’ into the ‘job of caregiving’ and how service organizations provided support. Though informal care (both instrumental and financial) from her adult children was lacking (proximity being one factor), the caregiver seemed to have benefited from formal support services, namely home

care training and a support group. This case also demonstrates that older persons, despite their caregiving responsibilities, can achieve greater productivity through volunteer activities.

Case 1

Mr. and Mrs. Chan have been married for 47 years. They have a daughter and a son, both of whom are living in mainland China. Mrs. Chan (aged 70) became a caregiver of her husband (aged 71) after he had a stroke in 2002. Prior to the diagnosis of stroke, Mrs. Chan did not understand Mr. Chan's behaviour, and they often quarrelled. He had lost interest in all activities and would sleep or stay in bed, reading newspapers all day long. He also had multiple health problems (hypertension, diabetes, heart disease, and prostate problems). As his memory deteriorated, he could not find his things and would lose his temper easily.

In taking care of Mr. Chan's activities of daily living, Mrs. Chan reported the following effects on herself: poor physical health ('lost a lot of weight' and occasionally 'could not sleep well at night'); mental distress ('I feel depressed') as she did not see any improvement in Mr. Chan even though she had put in a lot of effort; and physical abuse (they had a quarrel and Mr. Chan attempted to strangle her). Furthermore, she was in financial distress as their children, who were jobless, were unable to provide financial support. The couple was receiving social security assistance (HK\$4,400 per month) from the government.

Mrs. Chan sought help from the social workers in a neighbourhood elderly centre. She attended home care training classes and a support group and found the communication skills to be particularly helpful in taking care of her husband. She reported an improvement in the relationship with her husband. She had accepted her role as a caregiver and felt happier as she could manage her chores with some help from her husband. She even started to engage in some volunteer work. She 'felt good' being able to volunteer as she could 'become a helper to other people.'

Grandparenting

In Hong Kong, emphasis has been placed on filial obligations by adult children toward their parents rather than on the reciprocal support older persons provide by taking care of grandchildren. Reciprocal support is especially prevalent in dual-earner families who require help with childcare and after-school care, which are in short supply and are not affordable (South China Morning Post 2007a, 2007b, 2007c). About 50% of families with pre-school children are dual-income earners (The Hong Kong Council of Social Service no date). A study in 1980 showed that over a third of the older persons who were interviewed helped to care for their grandchildren (Lau, cited in Chow 1983). A more recent 2008 study by the Hong Kong Boys' and Girls' Clubs Association (n=1,809) showed a lower figure of almost 16% being cared for by their grandparents, perhaps a reflection of the study focus, which was older children from primary 4 to form 3 level. Parents who were surveyed identified several areas in which they hoped grandparents could assist: provide emotional support and companionship, take care of grandchildren when they fall sick, and help them to make friends. Nonetheless, the parents thought they could perform these tasks if grandparents were not available. Two factors were singled out as either promoting or inhibiting older persons' contributions in providing child care: proximity to adult children and their health condition (Cheng *et al.* 2008). Those living in the same household can provide more support, whereas those living apart have fewer opportunities, especially when foreign domestic helpers have been employed to perform household chores and take care of young children, a fairly common practice in Hong Kong (Cheng *et al.* 2008). The availability of domestic helpers, whether local or foreign, may curtail the contributions of older adults who used to perform such tasks for their adult children. A *Mingpao* news report (2009) suggested that with the current 'economic tsunami,' working parents should let go of their domestic helpers and ask grandparents to assist in child care.

Even though household chores may fall to domestic helpers, grandparents continue to contribute to the socialization of grandchildren, according to a study drawn from social centres for older persons in Hong Kong (see Cheng *et al.* 2008). Some grandparents perceived a significant role in helping to shape their grandchildren's characters as their middle-aged children worked long hours, had little time for parenting, and 'spoil them or pressure them to succeed' (Cheng *et al.* 2008, p. 622). As the majority of the participants in this small sample (n=71) were women (72%), these views could be a reflection of a gender bias towards a nurturing role for themselves. The 2008 Hong Kong Boys' and Girls' Clubs Association study mentioned above found that whilst the grandparents were able to undertake roles such as caring, teaching/modelling, and entertainment, they were not able to handle emotional problems presented by their grandchildren.

In some families, grandparents do more than occasional babysitting or emergency child minding; they may be providing housing, loans, or custodial care when their own children are not able to do so, particularly in families where adults have been incarcerated, incapacitated by AIDS or drug abuse, or have migrated to urban areas to work, leaving children in the care of grandparents (Velkoff and Lawson 1998, Ingersoll-Dayton *et al.* 2001, Hoff 2007.). Being called upon to help when their children encounter special difficulties or crises (e.g. sickness and unemployment) seemed to accentuate the significance of older persons' contributions, even though such situations were infrequent (Cheng *et al.* 2008). In Hong Kong, while the number of grandparents who act as sole providers of care for their grandchildren is unknown, a more common phenomenon (referred to as the split-family problem) is that of children born through intermarriages between Hong Kong permanent residents and Chinese in mainland China. These children, who have right of abode in Hong Kong, may be separated from their mainland Chinese parent (usually the mother), who do not have right of abode (Task Force on Population Policy 2003). On average, mothers have to

wait for about five years before their applications to reside in Hong Kong, under the One Way Permit scheme, are approved. As such, grandparents in Hong Kong are more likely to take on greater responsibilities in households where the permanent resident parent living in Hong Kong with the children has to go out to work to provide for the family.

Furthermore, older women not only provide care for their husbands and assist with household chores, they often also take care of grandchildren (Lee and Kwok 2005b). The second case illustrates an experience of a caregiver juggling care for both her husband and granddaughter, with their differing needs. When asked by her son and daughter-in-law to take care of their daughter, she did not refuse as she thought it was a 'valid' request since they were both working. To accommodate their request, she quit her job. Her decision provides an example of the financial cost involved in family caregiving. She seemed to find satisfaction in caring for her granddaughter, now a teenager, and assisting her adult children to raise their child. This case also shows that some caregivers are reluctant to use formal support services, even when available, as long as they think they can continue to provide care themselves. The fear among policymakers that availability of formal care would erode family responsibilities needs to be re-examined in the light of such case examples.

Case 2

Mrs. Cheung (75 years old) lived with her husband (a stroke patient) and granddaughter, who lived with her throughout the week, with her parents visiting occasionally. She was helping her second son and daughter-in-law (both of whom are deaf) to take care of their daughter since birth ('I reared her, just like my daughter').

She felt stress about her granddaughter's school work ('I'm illiterate and do not know how to help her with school work') and friends. Concerned over her grades, Mrs. Cheung had sent her granddaughter to tuition classes since primary two. She still fetched her to and from school even though she was already twelve years old. She said grandparenting was stressful

as she did not know how to communicate with her granddaughter. At the same time, she worried about her husband, who was paralyzed and required assistance in activities of daily living. With no one else to assist with household chores, she did not have time to meet up with her friends and visit the elderly centre. In addition, she had health problems of her own. She expressed regret at not being able to take care of her other grandchildren.

However, she experienced happiness and pride in raising her granddaughter, seeing her do well in school, and grow up healthily. She also felt happy in being able to help her son and daughter-in-law as they might not be able to raise their daughter without her help ('they do not know how to be parents').

She obtained formal support through a home help service to assist in household chores when she fell ill and did not want to 'burden' her children (she had four other children who supported her financially). She expressed that she did not want to send her husband to a day care centre or a home as long as she could take care of him.

Caregiving of adult children with physical and developmental disabilities

The longer life expectancy of children with developmental disabilities and the shift in emphasis from institutional care to community-based care has led to more older persons caring for their adult children at home (Roberto 1983). In addition to their own concerns related to aging and need for care, these caregivers have to contend with the aging of their adult children with disabilities and the related issues of health care and long-term care. They are concerned about who will take care of their dependent children and their living arrangements when their health fails or when they eventually pass away. They hope to arrange for long-term institutional care of their adult children while they are still alive. In Hong Kong, there was a limited number of residential places for adults with moderate to severe intellectual disabilities (4,537 as of 2008-2009) and a long waiting list (3,222, as of 30 June 2009) (Social Welfare Department 2009a). A study (Chiu and Hung 2006) of 321

caregivers of adult children with moderate to severe intellectual disabilities found that over 80% of the respondents were female and 64% of them were in the 45-64 age category. In comparing those who had admitted their care recipients to residential care and those who were still on the waiting list, they found that the former included significantly more caregivers who had long-term illnesses, perceived themselves as less able to provide care, and had a lower monthly family income. As for those who did not apply for admission to residential care, they provided two main reasons: still capable of providing care and needed the companionship of care recipients.

The following case illustrates a caregiver who was still capable of providing care for her adult child with a disability. The availability of day care seems to offer a useful respite in alleviating some of the burdens of daily care. As with the other two cases, this case also shows the benefits of formal care and support. In addition, the availability of a social support network seemed to sustain caregiving efforts. This case further suggests that caregivers can easily become isolated as a result of their caregiving responsibilities, which keep them tied to their homes. This is especially so for older persons who may have a limited social support network to begin with. While the present caregiving situation seems manageable, this case presents a common desire and concern among parents with adult children of moderate or severe disabilities: suitable placement of their children in institutional care before they die. Their worries are compounded in places such as Hong Kong, where the supply of residential care is limited.

Case 3

Mrs. Wong (80 years old) lived with her 61-year-old son, who recovered from a stroke in 1996 but was paralyzed as a result of a second stroke in 2008. She took care of all his activities of daily living, such as bathing and toileting, and household chores. However, Mrs. Wong's knee problems made it difficult for her to transfer her son from bed to chair, or to

help him get out of bed. She kept the mounting frustrations to herself as she thought it was her 'own business.'

The situation improved when her son was admitted to St. James' Settlement day care centre for four days a week. This was a timely respite for her. At St. James, the staff would help to bathe him. Recently, her other son, who was in his fifties, living alone, and unemployed, offered to help take care of his older brother on those days when the latter was not attending day care. He also helped to provide transport to and from the day centre. With community care and support from her son, Mrs. Wong had fewer worries and more leisure time. She could go out to meet friends, do grocery shopping, and exercise. Her regular exercise helped to keep her muscles and bones strong and her body flexible. Moreover, she could share her frustrations and worries with friends from the exercise class and it made her 'feel better.'

Mrs. Wong was satisfied with the present arrangements. However, she still had a major worry about her son's future living arrangement. She had already applied for subsidized residential care but the admission queue was long. She would not consider sending her son to private homes, which had no waiting list, because they were more expensive, provided a 'minimal' level of care, and mostly employed non-local staff. Her present wish was to get her son a 'good' placement at a subsidized residential home.

Effects of Caregiving

This section considers the effects of caregiving on caregivers themselves and their family members.

Research on caregiving usually draws from the role strain perspective (Moen *et al.* 1995), emphasizing caregiving as a stressor rather than a conferment of social identity and social status. Hence, a constant refrain in international caregiving research is that, because of the task requirements and time constraints posed by providing care, family caregivers tend to

compromise their own health. Caregiving is, therefore, considered a risk factor for illness, poor health outcomes, and higher mortality (Schulz and Beach 1999, Vitaliano *et al.* 2003, 2004). Older caregivers with poor health are particularly at risk. In addition to the normal stressors of life and the aging process, older caregivers are subjected to the additional strain of caregiving. Prior research shows that spousal caregivers are the most susceptible to adverse health outcomes, such as longer episodes of illness, poorer cardiovascular health, and lower immunity (Schulz *et al.*, cited in Gallant and Connell 1997). Besides health deterioration, other adverse effects reported in Hong Kong are poor financial situation and deprived social lives (Ngan and Cheng, cited in Lee and Kwok 2005b). In Ho *et al.*'s (2007) study, caregivers reported poorer physical and mental health as compared to non-caregivers, and female caregivers had significantly lower scores in all domains of a Quality of Life assessment compared to male caregivers. Chiu and Hung (2006) characterized the parent caregivers of adults with intellectual disability as 'weary, anxious, ambivalent and helpless in the face of the long and sluggish queue for out-of-home placement' (p. 688).

An area of particular concern in Hong Kong is the propensity for domestic abuse among caregivers. According to statistics maintained by the Central Information System on Elder Abuse, the profile of new abuse cases among older adults (defined as 60 years and above) reported for the period January to December 2008 shows that three in four of the perpetrators (n=647) were spouses of the victims (Social Welfare Department 2009b). There appears to be an increasing trend in the number of reported cases committed by spouses, from 43% of total cases in 2005 (n=528), to 50% in 2006 (n=522), and 68% in 2007 (n=612). One of the risk factors for elder abuse, identified by the Social Welfare Department (2006), is the health condition of caregivers and the stress they experience, especially when they do not receive adequate support.

Studies on the effects of caregiving, such as those cited above, are mostly concerned with caregivers who are adult children or children-in-law, spouses, and to a limited extent, young caregivers (aged 18 or younger). The caregiving impact of grandparenting is generally not as well studied, except in the United States, where there is much research interest in the influence of grandparenting on the well-being of grandchildren, in recognition of their value in supporting single-parent families and families in crisis situations (Moyi *et al.* 2004, Hoff 2007). Statistical trends in Hong Kong indicate an increasing number of single parents, particularly single mothers. The number of single mothers increased from 23,059 in 1991 to 45,072 in 2001, whereas the number of single fathers increased from 11,479 in 1991 to 13,388 in 2001 (Hong Kong Council of Social Service 2007). These trends could well indicate a potential need for greater assistance from older parents. This is an area for further investigation.

Policies and Services for Caregivers in Hong Kong

In examining policies and services for caregivers, it is necessary to consider the provision of formal care and support. Some have argued that in the modern day economy older persons cannot depend on their children for material support and should instead seek professional or formal care (Cheung and Kwan 2009). Chow (2004), however, has asserted that formal services to meet the needs of long-term care in East and Southeast Asian countries are either non-existent or in severe shortage, due to the expectation that family members would meet the need for care and the low priority given to the provision and expansion of services. Up until the mid-1960s, the care of older persons in Hong Kong was seen as the 'sole responsibility of the family' (Chow 1983, p. 584). By the early 1970s when it was recognized that the proportion of older persons (then defined as 60 years and over) was growing rapidly, a 'care in the community' policy was adopted to develop services for older persons. The community care policy then did not recognize the social and economic value of caregiving or

specify the type of support required by family caregivers but was intended to provide an alternative to institutional care.

In recent years, caregiver support has been given more official attention. In the submission to the Second World Assembly on Aging, the Hong Kong Special Administrative Region Government (2002) indicated that services for caregivers included respite, care support centres, and provision of information, training, and emotional support. Respite service is, however, targeted at those caring for older persons aged 60 or above. There are two types of respite services for older adults: day and residential. As of the end of financial year 2006-07, there were 51 day care centres or units for older adults (Social Welfare Department 2007). The number of users was 2,700, including both full-time and part-time users. The fees vary between HK\$40 per day for day care centre/unit and HK\$70 per day for nursing homes. There are only 11 designated places for respite care in Care-and-Attention homes¹ though other types of homes may offer such a service, if there are vacancies. Considering that there are 18,323 and 6,273 cases on the waiting lists for admission to Care-and-Attention homes and nursing homes, respectively, (as of 31 May 2009) it seems unrealistic to expect vacancies to be available for respite care (Social Welfare Department 2009c). The waiting time for admission, on average, is 33 months. In other words, respite care is grossly inadequate.

Caregivers requiring community support can make use of service units such as the District Elderly Community Centres, Neighbourhood Elderly Centres, Day Care Centres for the Elderly, Integrated Home Care Services, and Enhanced Home Care and Community Services (Social Welfare Department 2009d). Of the various community support services available, only the District Elderly Community Centres specifically provide support services

¹ Care-and-attention homes provide residential care, meals, personal care and limited nursing care for older persons who suffer from poor health or physical/mild mental disabilities with deficiency in activities of daily living.

to caregivers of older persons (aged 60 or above) living in the locality, among its many other services catering to older persons. There are currently 41 such centres in Hong Kong providing counselling and referral services, self-help and mutual support groups, knowledge and skills training, social and recreational activities, demonstration/loan of rehabilitation aids, and informational/reference materials. Fees and charges are payable for individual programmes, including an annual membership fee. In October 2007, 11 of these Centres were each provided with seed money of HK\$50,000 to run caregiver training and caregiver services in collaboration with community organizations under the ‘District-based trial scheme on caregiver training’ (Labour and Welfare Bureau 2008).

Policy Changes: Productivity and Value of Caregiving

In proposing policy changes to better enhance the productivity and value of older persons as caregivers, we consider issues of costs of caregiving, women as caregivers, caregiver support services, and caregiver assessment, paying attention to issues of opportunities versus exploitation (Morrow-Howell *et al.* 2001).

Costs of caregiving

The unpaid labour of family caregivers has become a policy issue in recent years. Caregiving advocates have been drawing public attention to the lack of compensation by society and family members, who may have benefitted without reciprocating the assistance given by family caregivers, especially women who have carried the major burden of caring for the young and old. According to Grandparents Plus, Britain’s 14 million grandparents are supporting family care by providing childcare that is worth £3.9 billion every year (Carvel 2009). The American Association of Retired Persons Public Policy Institute estimated the financial worth of caregiving in America at US\$350 billion per year, exceeding the value of formal care (about US\$342 billion spent on Medicare programme and US\$76.8 billion spent on paid home care services in 2005) (Gibson and Houser 2007). Such estimates have not been

made in Hong Kong; however, it may be argued that opportunity costs for caregiving in Hong Kong are lower, since availability of paid jobs is more restricted for older persons.

Nonetheless, there are personal costs to individual caregivers, as shown in the case examples presented above. The social costs to society have yet to be estimated.

Women caregivers

The over-representation of women as caregivers, in both developed and developing countries, has been well-documented. Despite increasing participation of women in the labour market and fears of a shrinking pool of caregivers, studies have shown that working women do not give up their family caregiving responsibilities; instead, they often struggle to combine work and family responsibilities (Velkoff and Lawson 1998). Some may reduce their work hours and career opportunities to reconcile their work and family responsibilities, and, as a result, they are likely to have a reduced financial nest egg in their old age. It has also been found that when women are older and in need of care themselves, other family members are less likely to reciprocate (Chow 2005, Lee and Kwok 2005b). In both the first and second World Assemblies on Aging, older women were identified as being the poorest among the poor in the population (Chow 2005). As caregivers, women are 2.5 times more likely than non-caregivers to live in poverty (National Family Caregivers Association 2009). In Hong Kong and elsewhere, older women are particularly vulnerable to being institutionalized (Lee and Kwok 2005b). For Hong Kong, 1996 data showed that 5.3% of women as compared to 2.9% of men (both groups aged 60 years or over) were living in an institution (United Nations 2005). Despite documentary evidence of the plight of women, they have not been singled out as a special target for assistance (Chow 2005). We advocate a gender-sensitive approach to policy provision for older caregivers as men and women caregivers differ in the type of caregiver support they require.

Caregiver Support Services

Countries vary in their recognition that family caregivers require resources to support their tasks and responsibilities. Australia is one country that identifies caregiver support as the third integral component in formal support in addition to community care and residential care. This recognition of the value of family care in delaying residential care is partly due to the influence of organizations advocating caregiver support (Montgomery and Feinberg 2003). While community-based services help to facilitate aging in the local communities, these services may not be of direct benefit to caregivers. More direct assistance, especially financial aid or subsidies, should be given to caregivers, especially low-income caregivers who have given up their jobs to provide family care (Ng 2009). The Hong Kong Council of Social Service (2008) has recommended that the Labour and Welfare Bureau provide financial and non-financial assistance to caregivers, such as a caregiver allowance and free respite care. Countries that have provided direct financial aid to help defray the costs of care include Australia, which provides benefits such as a Caregiver Allowance and Caregiver Payment, and Germany, which allows family caregivers to make a claim for incurred expenses associated with hiring help to care for a household member (Montgomery and Feinberg 2003). Such financial aid given to family caregivers could alleviate their financial burden and provide recognition for their contributions.

There is a need for government to design family policies that help families better manage work and family care responsibilities, be paid for taking leave to fulfil family caregiving responsibilities, and be subsidized for child care and older adult care (Hartmann *et al.* 2007). Appropriate policies should take into consideration the adequacy of financial resources of all permutations of households, including dual-earner couples, single-parent families, and grandparent-headed households. Also, support services should be provided on a continuous rather than an ad-hoc basis. For example, in 2006, the Hong Kong Social Welfare Department provided a one-time special grant of HK\$9 million to rehabilitation and disability

services organizations to offer training and support for caregivers of people with disabilities. We concur with the Hong Kong Council of Social Service that the Hong Kong Special Administrative Region Government should develop a long-term plan to support caregivers, particularly the provision of more day care services, respite care, home-based care, and training. Furthermore, the Government should aim to provide a better quality of life for older persons—whether as care recipients or caregivers—rather than providing only basic care.

Caregiver Assessment

Though caregivers have been identified as ‘hidden patients,’ they have not been given due recognition as such. Health and social services have focused on care recipients, as is reflected in the eligibility criteria for services. Schulz and Beach (1999) suggest that the health status and caregiving demands of older marital couples would be more appropriately assessed in the dyad. Hong Kong has done well in providing funding to recruit social workers to locate and reach out to single older persons (referred to as ‘hidden elders’) living in the community to improve their social life and provide referral and support services if needed (Ad Hoc Group on the Elderly in Poverty 2007). The concept of ‘hidden elders’ can be applied to caregivers as ‘hidden patients,’ with needs of their own.

In many countries, addressing the needs of caregivers themselves is a more recent development. Hence, assessment of caregivers’ needs is under-developed although such assessment services are available for frail older persons or persons with disabilities (Montgomery and Feinberg 2003). The exception is the United Kingdom, which has a national mandate, the Caregivers (Recognition and Services) Act 1995, for assessment of caregivers. Though Australia has no official policy on caregiver assessment, a brief screening tool has been developed in community care to incorporate caregiver’s needs, skills, and preferences in the assessment and care planning process for older persons and persons with disabilities (Montgomery and Feinberg 2003). Similarly, social services in Hong Kong

should consider incorporating caregiver assessment into the existing Standardised Care Need Assessment Mechanism for Elderly Services, which was introduced in November 2000 (Social Welfare Department 2009e). Currently, it covers applications for admission to homes for the aged, care-and-attention homes, nursing homes, day care centres for older adults, enhanced home and community care services, and integrated home care services.

Concluding Remarks

Family care, provided to older persons and adult children with disabilities, remains a primary source of support for long-term care in both developed and developing countries (United Nations 2005). In addressing long-term care, policymakers and service providers in Hong Kong need to develop an overarching family policy that can address the expectations of three generations: young and middle-aged adults who wish to combine work and family responsibilities; young children who require reliable childcare; and older adults who wish to participate productively within and outside the family. Family caregivers, of all age groups, should actively engage in policy discussions and policy decisions about their productive contributions to society and how they want to be recognized, valued, assisted, and compensated or reciprocated in forms that are equitable and non-exploitative. More formal recognition should be accorded to older persons as family caregivers, as they provide unpaid labour, enabling their adult children to continue working or pursue continuing education, and assisting them in parenting the next generation of citizens and workers. Their social and economic contributions to sustaining healthy families and a harmonious Hong Kong society should be supported by public policies and resources that help older adults to remain productive and contributing members of society.

References

- Ad Hoc Group on the Elderly in Poverty, 2007). Long-term care and financial security during old age (CoP EP Paper 1/2007). Hong Kong: Commission on Poverty.
- Carvel, J. (2009). *Call for 'granny leave' and tax credits to reward child caregivers* [online]. Available from <http://www.guardian.co.uk/society/2009/mar/25/childcare-grandparent-leave/print> [Accessed 25 May 2009].
- Chan, A.C.M., Cheng, S-t., and Phillips, D., 2007. The aging of Asia: Policy lessons, challenges. *Global Asia* [online], 2 (2). Available from: http://globalasia.org/articles/issue3/iss3_11.html [Accessed 21 May 2009].
- Chan, S., and Cheng, C-f, 2007. Call for alternative childcare support, *South China Morning Post*, 28 August. Accessed 17 June 2009 from WiseNews database.
- Cheng, S-t., Chan, W., and Chan, A.C.M., 2008. Older people's realization of generativity in a changing society: the case of Hong Kong. *Ageing & society*, 28 (5), 609–627.
- Cheung, C-k., and Kwan, A. Y-h., 2009. The erosion of filial piety by modernization in Chinese cities. *Aging & society*, 29 (2), 179–198.
- Chi, I., 2002. Long-term care policy for elders in Hong Kong. *Journal of aging & social policy*, 13 (2), 137–153.
- Chiu, M.Y.L., and Hung, R.C.H., 2006. Decision-making of Chinese caregivers for adult out-of-home placement. *Journal of intellectual disability research*, 50 (9), 678–689.
- Chong, A.M-l., Ng, S-h., Woo, J., and Kwan, A.Y-h., 2006. Positive ageing: The views of middle-aged and older adults in Hong Kong. *Aging & society*, 26 (2), 243–265.
- Chow, N., 2003. The Chinese family and support of the elderly in Hong Kong. *The gerontologist*, 23 (6), 584–588.
- Chow, N., 2004. Asian value and aged care. *Geriatrics and gerontology international*, 4, S21–S25.

- Chow, N., 2005. The status quo. In: K. Mehta, ed. *Untapped resources: Women in ageing societies across Asia*. Singapore: Marshall Cavendish Academic, 3–21.
- Gallant, M.P., and Connell, C.M., 1997. Predictors of decreased self-care among spouse caregivers of older adults with dementing illnesses. *Journal of aging and health*, 9 (3), 373–395.
- Gibson, M.J., and Houser, A., 2007. *Valuing the invaluable: A new look at the economic value of family caregiving*. Washington, DC: American Association of Retired Persons, Issue Brief.
- Hartmann, H., Hegewisch, A., and Lovell, V., 2007. *An economy that puts families first: Expanding the social contract to include family care*. Washington, DC: Economic Policy Institute, EPI Briefing Paper.
- Ho, S.C., Chan, A.C.M., Lau, J.T.F., and Woo, J., 2007. A study of informal caregivers and the association of caregiving status with health and quality of life. *Hong Kong medical journal*, 13 (5), 4–7.
- Hoff, A., 2007. Patterns of intergenerational support in grandparent-grandchild and parent-child relationships in Germany. *Ageing & society*, 27, 643–665.
- Hong Kong Boys' and Girls' Club Association, 2008. Xiang gang xiao tong qun yi hui 2008 fu mu “wai pan” jia ting gong zuo ji qin zhi ze ren de qing kuang ji qi zi nv de ying xiang yan jiu (*Research on the impact on children of parents outsourcing family work and parenting responsibilities*). Hong Kong: Author (in Chinese).
- Hong Kong Census and Statistics Department, 2007. *Demographic trends in Hong Kong: 1981-2006* [online]. Available from:
http://www.censtatd.gov.hk/freedownload.jsp?file=publication/stat_report/population/B1120017022007XXXXB0200.pdf&title=Demographic+Trends+in+Hong+Kong+1981-2006&issue=-&lang=1&c=1 [Accessed 27 May 2009].

- Hong Kong Census and Statistics Department, 2008. *2006 population by-census, thematic report: Older persons* [online]. Available from:
http://www.censtatd.gov.hk/freedownload.jsp?file=publication/stat_report/population/B11200532006XXXXB0100.pdf&title=Hong+Kong+2006+Population+By-census+Thematic+Report+%3a+Older+Persons&issue=-&lang=1&c=1 [Accessed 27 May 2009].
- Hong Kong Council of Social Service, no date. *Welfare priorities for 2008-09*.
- Hong Kong Council of Social Service, 2007. *Family & community service* [online]. Available from: http://www.hkcss.org.hk/download/folder/fc/fc_eng.htm [Accessed 15 June 2009].
- Hong Kong Council of Social Service, 2008. *Proposal for welfare priorities and agenda for 2009-10: A submission to the Labour and Welfare Bureau*.
- Hong Kong Special Administrative Region Government, 2002. *Paper for submission to the Second World Assembly on Ageing: Rethinking policy, reinventing ageing*.
- Information Services Department, 2009. Hong Kong: The facts [online]. Available from: <http://www.gov.hk> [Accessed 10 June 2009].
- Ingersoll-Dayton, B., Neal, M.B., and Hammer, L.B., 2001. Aging parents helping adult children: The experience of the sandwiched generation. *Family relations*, 50, 262–271.
- Kam, P-k, 2003. Powerlessness of older people in Hong Kong: A political economy analysis. *Journal of aging & social policy*, 15 (4), 81–111.
- Labour and Welfare Bureau, 2008. *Progress report of the elderly commission*. Hong Kong: Author, FC 7/2008.
- Lam, R.C., 2006. Contradictions between traditional Chinese values and the actual performance: A study of the caregiving roles of the modern sandwich generation in Hong Kong. *Journal of comparative family studies*, 37 (2), 299–313.

- Lee, W.K-M., and Kwok, H.-K., 2005a. Differences in expectations and patterns of informal support for older persons in Hong Kong: Modification to filial piety. *Ageing international*, 30 (2), 188–206.
- Lee, W.K-M., and Kwok, H.-K., 2005b. Older women and family care in Hong Kong: Differences in filial expectation and practices. *Journal of women & aging*, 17 (1), 129–150.
- Liu, B.C.P., Cheng, Y.H., and McGhee, S.M., 2001. Health and care utilization patterns of the community-dwelling elderly persons in Hong Kong. In: I. Chi, N. L. Chappell and J. Lubben, eds. *Elderly Chinese in Pacific Rim countries: Social support and integration*. Hong Kong: Hong Kong University Press, 241–256.
- Long, S.O. and Harris, P.B., 2000. Gender and elder care: Social change and the role of caregiver in Japan. *Social sciences Japan journal*, 3 (1), 21–36.
- Man, J., 2007. More childcare centres needed, *South China Morning Post*, 31 August. Accessed 17 June 2009 from WiseNews database.
- Mingpao, 2009. Jiao zu fu mu cou, you er xue xi cha, yi you xing wei wen ti, nan yu ren xiang chu (Economic tsunami: Let go domestic helpers and ask older parents to care for young children). *Mingpao*, 11 February (in Chinese).
- Moen, P., Robison, J., and Dempster-McClain, D., 1995. Caregiving and women's well-being: A life course approach. *Journal of health and social behavior*, 36 (3), 259–273.
- Montgomery, A., and Feinberg, L.F., 2003. *The road to recognition: International review of public policies to support family and informal caregiving*. San Francisco: Family Caregiver Alliance.
- Morrow-Howell, N., Hinterlong, J., Sherraden, M., and Rozario, P., 2001. Advancing research on productivity in later life. In: N. Morrow-Howell, J. Hinterlong and M.

- Sherraden, eds. *Productive aging: Concepts and challenges*. Baltimore, MA: The John Hopkins University Press, 260–311.
- Moyi, P., Pong, S-l., and Frick, W., 2004. *Co-resident grandparents and grandchildren's academic performance*. University Park, PA: Population Research Institute, Working Paper 04-05.
- National Family Caregivers Association, 2009. Caregiving statistics [online]. Available from: http://www.nfcacares.org/who_are_family_caregivers/care_giving_statistics.cfm [accessed 5 June 2009].
- Ng, G.T., 2009. Support for family caregivers: What do service providers say about accessibility, availability and affordability of services? *Health and social care in the community*, 17 (6), 590-598.
- Ng, A.C.Y., Phillips, D.R., and Lee, W.K-m., 2002. Persistence and challenges to filial piety and informal support of older persons in a modern Chinese society: A case study in Tuen Mun, Hong Kong. *Journal of aging studies*, 16 (2), 135–153.
- Roberto, K.A., 1993. *The elderly caregiver: Caring for adults with developmental disabilities*. Newbury Park, CA: Sage.
- Schulz, R., and Beach, S.R., 1999. Caregiving as a risk factor for mortality: The caregiver health effects study. *Journal of American Medical Association*, 282 (23), 2215–2219.
- Social Welfare Department, 2006. *Procedural guidelines for handling elder abuse cases*. Revised August 2006. Hong Kong: Author.
- Social Welfare Department, 2007. *Social Welfare Department Review 2005-06 & 2006-07*. Hong Kong: Author.
- Social Welfare Department, 2008. *Social welfare services in figures*. 2008 ed. Hong Kong: Author.

Social Welfare Department, 2009a. *Rehabilitation services, admission to day/residential care services* [online]. Available from:

http://www.swd.gov.hk/en/index/site_pubsvc/page_rehab/index.html [Accessed 14 September 2009].

Social Welfare Department, 2009b. *Services for prevention and handling of elder abuse* [online]. Available from:

http://www.swd.gov.hk/en/index/site_pubsvc/page_family/sub_listofserv/id_serabuse_elder/index.html [Accessed 13 June 2009].

Social Welfare Department, 2009c. *Overview of residential care services for elders* [online]. Available from:

http://www.swd.gov.hk/en/index/site_pubsvc/page_elderly/sub_residentia/id_overview/ [Accessed 13 June 2009].

Social Welfare Department, 2009d. *Community support services for the elderly* [online].

Available from:

http://www.swd.gov.hk/en/index/site_pubsvc/page_elderly/sub_csselderly/ [Accessed 21 May 2009].

Social Welfare Department, 2009e. *Standardised care needs assessment mechanism for the elderly* [online]. Available from:

http://www.swd.gov.hk/en/index/site_pubsvc/page_elderly/sub_standardis/ [Accessed 10 June 2009].

Task Force on Population Policy, 2003. *Report of the Task Force on Population Policy*

[online]. Available from: <http://www.info.gov.hk/info/population/> [Accessed 27 May 2009].

United Nations, 2001. *World population ageing: 1950-2050*. New York: Department of Economic and Social Affairs, Population Division.

- United Nations, 2005. *Living arrangements of older persons around the world*. New York: Department of Economic and Social Affairs, Population Division.
- Velkoff, V.A., and Lawson, V.A., 1998. *Gender and aging*. United States Bureau of the Census, International Brief, 98–3.
- Vitaliano, P.P., Young, H.M., and Zhang, J., 2004. Is caregiving a risk factor for illness? *Current directions in medical science*, 13 (1), 13–16.
- Vitaliano, P.P., Zhang, J., and Scanlan, J.M., 2003. Is caregiving hazardous to one's physical health? A meta-analysis. *Psychological bulletin*, 129 (6), 946–972.
- Yung, C., 2007. Plea for cheap childcare. *South China Morning Post*, 13 May. Accessed 17 June 2009 from WiseNews database.