

**Review on Social and Support Services to People
with HIV/AIDS in Hong Kong**

July 2005

**Committee on Promoting Acceptance of
People Living with HIV/AIDS (CPA)**

of the Hong Kong Advisory Council on AIDS

The **Committee on Promoting Acceptance of People Living with HIV/AIDS (CPA)** was formed in 1999, as one of the three committees underpinning the Hong Kong Advisory Council on AIDS. The CPA's terms of reference and membership (2002-2005) are in [Appendix 1](#).

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Introduction

1. The Committee on Promoting Acceptance of People Living with HIV/AIDS (CPA) of the Hong Kong Advisory Council on AIDS put forward a discussion paper titled 'Rehabilitation and people living with HIV/AIDS' on its eleventh meeting. Following the debate on whether HIV infected persons should be included specifically in the domain of the government rehabilitation plan, members resolved to forming a working group to review the current gaps in social service provision to HIV infected patients, and to provide insight on the issue of mainstreaming HIV related social and support services provision.

2. This report aims to provide the important background information on social service provision to HIV infected patients, summarize the review process and document the findings from the four working group meetings held between October 2003 and January 2004.

Background Information

A. Advance in HIV treatment

3. HIV infection was classically described as a fatal disease. HIV virus progressively destroys immunity of infected persons. When the immunity is severely deficient in the advanced stage, overt symptoms of opportunistic infections and malignancies occur and the patients are described to develop AIDS, after which death often ensues in one to two years time. Overall, half of the infected persons will develop AIDS after a 10-year period of infection, during which patients are asymptomatic or mildly symptomatic.

4. A revolutionary advance in treatment occurred around 1996 when HAART, highly active anti-retroviral therapy was introduced. By using combinations of drugs, HAART successfully controls disease progression. Impressive reductions in morbidity and mortality have been achieved when treatment is given appropriately, and HIV infection has therefore been transformed into a chronic illness. Most patients are expected to live with the infection, rather than to die of it within a few years time after diagnosis.

5. HIV clinics in the public service have been providing HAART according to standards set out by international authorities since the end of 1996. Success in improving health of HIV infected patients similar to most western countries has been observed.

B. Local HIV situation

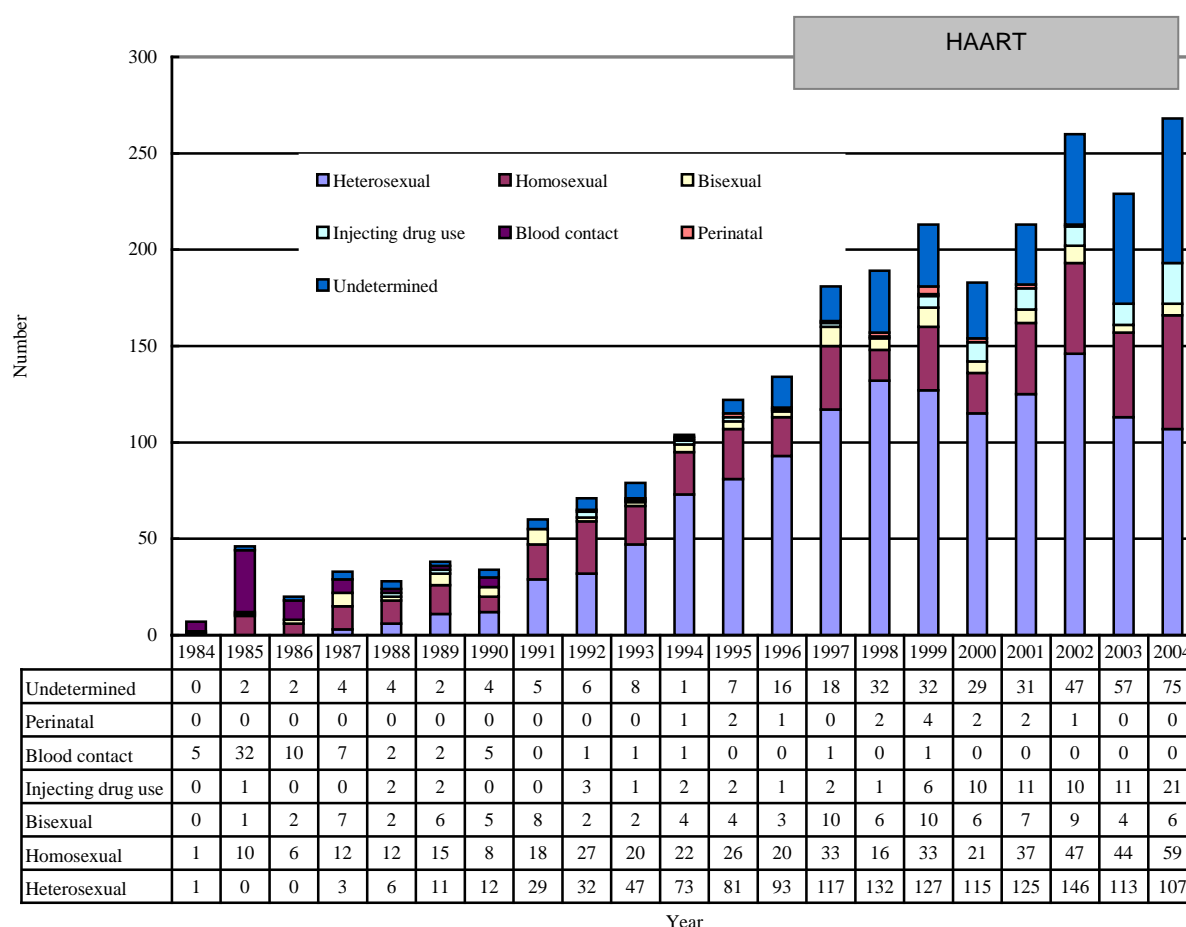
6. In Hong Kong, the prevalence of HIV infection has remained low at <0.1% in the general adult population. As of the end of 2004, a total of 2512 cases of HIV infections and 718 AIDS cases have been reported to the Department of Health. Currently, approximately 250 reports of HIV infections are added to the total every year, about 80% of which were sexually transmitted, 70% Chinese and 75% male (Figure 1).

7. Compared to a decade ago, a number of important changes in the local HIV epidemiology have been observed. They are:

- (1) considerable increase in the number of HIV infected patients;
- (2) significant increase in heterosexual transmission;
- (3) increase in transmission through injecting drug use;
- (4) reports of perinatal infections (though very uncommon);

- (5) rare transmission through blood transfusion nowadays; and
- (6) decrease in AIDS report, most likely as a result of HAART.

Figure 1. HIV and AIDS reports in Hong Kong (1984-2004).



C. Development of HIV social and support services

8. HIV infection is known as a notoriously stigmatizing disease. Patients faced tremendous difficulties in gaining access to mainstream social services early in the epidemic. Over the past two decades, various services specifically designed for HIV infected patients have been developed to fill this gap.

9. The development of social and support services was first initiated in 1985 by the government by setting up counselling service which was subsequently launched as a hotline service two years later.¹ Psychological support was provided by nurses who also mobilized

¹ A Review of Services provided to People with HIV/AIDS in Hong Kong. AIDS Services Development Committee of Advisory Council on AIDS. Hong Kong. July 1994. Available at www.aids.gov.hk

community resources for patients. Since 1994, a medical social worker was posted in the government HIV clinic and the number was increased to two in 1999. A patient support group was subsequently formed. Medical social service was also arranged for patients attending hospital service.

10. On the community level, two AIDS services non-governmental organizations (NGOs)-AIDS Concern and The Hong Kong AIDS Foundation were established around 1990 and have been providing HIV preventive and support services to HIV infected patients. The Hong Kong Coalition of AIDS Service Organizations (HKCASO), a local network of community based AIDS service organizations, was formed in 1998. It aims primarily to strengthen the capacity of member organizations to respond to HIV/AIDS and to promote their respective services and programmes to people in the Hong Kong community. The number of member organizations as of June 2004 was eleven. Three of them are providing direct services to HIV infected patients (see [Appendix 4](#) for inventory of services).

11. Moreover, community participation in AIDS work has been supported by the Government's AIDS Trust Fund set up in 1993. A sum of \$350 million has been allocated to provide assistance to HIV-infected haemophiliacs, strengthen medical and support services, and support public education on AIDS. Ex-gratia payments have been given to haemophiliacs and others infected with HIV through transfusion of blood or blood products prior to August 1985. A second round ex-gratia payment with annual payments to the surviving patients is planned at the time of the writing of this report. As of January 2005, the Fund has disbursed \$239.5 million for 548 projects on prevention of HIV and provision of medical and support services.

The Review Process

12. The Working Group included six members from CPA with the Committee Secretariat providing secretarial support. Members were drawn from academia with a background of social work, frontline health professionals, patients, representative of AIDS non-governmental organizations and representatives of other agencies including The Equal Opportunity Commissioner and The Consumer Council. At its first meeting, membership list ([Appendix 2](#)) was expanded to include representatives from the three major AIDS NGOs providing services to patients, patients and their carer representatives. The terms of reference was agreed as follow:

- (1) to assess the current social and support services to HIV infected individuals in Hong Kong
- (2) to identify gaps in the social and support services provided to HIV infected individuals in the context of other chronic illnesses; and
- (3) to recommend on the strategy of developing social and support services to HIV infected individuals in the territory.

13. The working group first conducted a review on all documents on current services provision and needs of HIV infected people ([Appendix 3](#)). Effectively, the *Review of services provided to people with HIV/AIDS in Hong Kong*, produced by AIDS Services Development Committee of the Advisory Council on AIDS in 1994 framed the subsequent assessment. Members then critically analyzed the findings and provided up-to-date input.

Results

14. Definitions and classification of support and social services were modified from the Review in 1994. The results are presented according the categorization of non-clinical services as follow:

- (A) Information access and counselling services**
- (B) Support from peers and volunteers**
- (C) Medical social service, financial assistance and housing provision**
- (D) Education and employment opportunities**
- (E) Residential care service**
- (F) Home care service**
- (G) Funeral service**
- (H) Foster and adoption service**

(A) Information access and counselling service

The Group considered professional counseling services adequate, information relating to HIV infection largely accessible while peer counseling service lacking.

15. **Professional counselling services:** Professional counselling services specifically for HIV infected patients are currently provided by the two public HIV clinics and the Society for AIDS Care (SAC, an AIDS NGO). All new cases attending either of the 2 public HIV clinics (QEH & ITC) are counselled and interviewed by nurses and medical social workers. During follow up visits, nurses invite patients to express their feelings and concerns in every session and if necessary, counselling by medical social workers is also provided. Counselling support to the carers would also be provided when such need arises. With the support from AIDS Trust Fund, a clinical psychologist is providing counselling services to patients with HIV (and their carers) in QEH. Evaluation of this service is being undertaken. An honorary psychiatrist is currently providing consultation in ITC for one morning session every week.

16. If necessary, patients would be referred to other clinical psychology service provided by the Hospital Authority and Social Welfare Department or private counselors. Members

generally regarded this option impractical because of a long waiting time and the minimal chance to build up rapport outside their routine clinical visits. The referral process has rarely been found to be efficient in the past.

17. The Society for AIDS Care currently provides a home care team which consists of 3 nurses. They provide nursing care and counselling services to patients and their carers. The patients are able to contact the nurses in case of emergency outside office hour. Its clinical psychology service has been suspended due to cessation of funding.

18. **Information access:** Information relating to HIV infection can be obtained at HIV clinics through healthcare professionals and education materials, NGOs, or through various hotlines. Operating hours of the existing *hotlines* was considered limited as in the 2001 APCC strategy paper. It recommended that such service should be extended to public holidays and after office hours.

19. Currently, each of the two HIV clinics provides hotlines through which patients can directly talk to nurses during office hours. Patients under the care of the SAC's home care team can contact individual nurses outside office hours in case of emergency. The AIDS hotline run by the Department of Health provides nurse counselling services to the public from 9am to 6pm Monday to Friday except public holidays. AIDS Concern and The Hong Kong AIDS Foundation (AIDS NGOs) provide hotline services by trained volunteers. AIDS Concern hotline runs every Thursday and Saturday from 7pm to 10pm while that provided by HKAF runs from 2pm to 5:30pm from Monday to Friday and 6:30pm to 9:30pm from Tuesday to Thursday.

20. Various websites maintained by the government and NGOs providing information related to HIV. There are also a number of electronic mail boxes or internet based question forums responding to personal concerns.

21. **Peer counseling:** Peer counseling is lacking at the moment. A training course for a group of patients (about 4 to 5) to provide peer counselling and support services was run by QEH earlier last year. Three levels of support to be delivered have been planned. They were telephone counselling services, face to face counselling in out-patient and in in-patient settings. However, one major difficulty encountered in the process was the difficulty in selection of appropriate patients to be trained. Stringent criteria have to be used and most

importantly are their medical condition, personal integrity and commitment. The services provided by these trained individuals are very limited at the moment.

22. To sum up, the Group considered that professional counseling services adequate, information relating to HIV infection largely accessible through different means (also see 3. *Medical social service, financial assistance and housing provisions*) while peer counseling service lacking.

(B) Support from peers, buddy volunteers and NGOs

A few self-help groups are in place but most are often inactive. Demand for buddy volunteer is doubtful. Members considered there is a lack of rehabilitative service, including vocational rehabilitation as offered by AIDS NGOs.

23. **Peer support group**: There are a number of patients self help groups organized by the two HIV clinics and Positive Living Group by the patients themselves. It is recognized that activities organized by these groups have been chiefly recreational. Each group lacked suitable and devoted patients to participate and initiate activities. In light of the relatively small number of patients and the similar nature of problems encountered in organization and management of each group (lack of devoted members with adequate commitment), it is suggested that a centralized/ core patient self help group should be formed so as to make best use of the limited resources and manpower. Assistance from the Community Rehabilitation Network (CRN) might be suitable to help effectively organize patient groups and facilitate training.

24. For specific patient groups, the haemophiliac group under CRN has been dormant in the past few years. Members reckoned that there could be a need to reactivate the group. The Society for AIDS Care has recently initiated a self help group with the support of an overseas funding agency for HIV infected women and their children. About five pairs of patients participated in the group. The Group considered that peer support services should be strengthened.

25. **Buddy volunteer** : AIDS Concern previously provided a buddy volunteer service

which has been inactive in recent years. There was difficulty to match volunteer to patient and the demand for it was unclear.

26. **NGOs:** The Society for AIDS Care is providing an activity centre for recreational and therapeutic use. Other AIDS NGOs also provide a number of activities, though many are mainly recreational to patients. The Hong Kong AIDS Foundation is providing a free *legal advice* service, though its demand is uncertain. AIDS Concern is also providing a free *transport service*. Rehabilitative, including vocational service is lacking. The support from NGOs is considered in general fair. Inventory of their service is in [Appendix 4](#). The Group has considered asking the Rehabilitation Commissioner to consider including AIDS patients among other chronically ill in its coming Programme Plan Review to streamline rehabilitation and other services for AIDS patients. More communications and efforts on this are to be done.

(C) Medical social service, financial assistance and housing provision

Medical social service is accessible at the public HIV clinics. A patient support fund is in place to provide financial assistance specifically to HIV infected patients. However, the gap currently lies in channeling the users in need to the services available. The Group identified no known difficulty for patients in accessing public housing.

27. **Medical social service:** There is currently one full time medical social worker in ITC. At Special Medical Service, QEH, there is one social worker who also has other duties apart from serving the HIV infected patients. This is considered adequate and accessible by the Group.

28. **Financial assistance:** Apart from financial assistance provided by the Social Welfare Department that are common to all people in need (including Comprehensive Social Security Allowance and Disability allowance), HIV infected patients are also entitled to apply for the Support Fund for HIV/AIDS Patients and their Families.

29. The Support Fund was previously administered by Hong Kong AIDS Foundation. For the three year period since April 2003, its administration has been taken over by the Social

Welfare Department. Its objective is to provide temporary financial assistance to needy HIV/AIDS patients and their families in Hong Kong. Applications have to be made by the patients and family members through the medical social workers of the two public HIV clinics. Types of assistance offered included temporary maintenance assistance despite ineligibility for CSSA, traveling expenses and burial expenses etc. During the period between June 2003 and July 2005, more than HK\$220,000 has been disbursed to 83 applications. Yet, despite the distribution of details to various service providers, some service providers and users do not fully understand the application criteria and procedures.

30. It was found that communication between the administrative agency (e.g., Social Welfare Department), the service agency (e.g. NGOs) and the users (patients and their carers) was inadequate. Currently, regular updates of these activities are collated by the Red Ribbon Centre and electronic copies of community calendars are regularly produced. Various AIDS specific NGOs and social workers from the Social Welfare Department hold regular meetings to update on the services provision, and posters about these services are posted up in the 2 clinics where most patients show up. However, these promotional activities were considered insufficient and innovative means for communication may have to be sought out. A suggestion was again to form a centralized and supported self help group possibly to work for the best interest of patients. At the same time, it can also acts as a central information hub for all patients, irrespective of whether they are under care of a particular clinic or service provider.

31. **Housing:** Should AIDS patients be in need of accommodations, they can apply to the Housing Department for public housing on means test. For emergency needs, the Social Welfare Department can make referrals or pay for private housing accommodations if they are CSSA recipients or applicants.

(D) Education and employment opportunities

Employment rate has been declining in general. The HIV status may be an added barrier to employment. Vocational rehabilitation is considered inadequate. Special employment needs of patients should be explored and addressed to.

32. **Employment:** Studies have shown that most patients do not disclose their HIV status to employer. HIV status alone has not been affecting access to existing mainstream employment services, such as the Employment Service of The Hong Kong Council of Social Service, the Selective Placement Division of Labour Department and the Re-employment training programme. Retraining programmes offered by Employee's Retraining Board were considered inadequate by our patients. Vocational rehabilitation programme targeting for HIV patients is not in place. Special employment needs of patients should be explored and addressed to. However, as employment rate has been declining in general, the Group considered that AIDS NGOs could in fact play a role in facilitating employment of patients, for example, by employing HIV positive persons as staff whenever possible.

33. It was agreed that whether to disclose or not the serostatus was the decision of individual patient. However, peer support and professional counselling should be available readily when the issue of disclosure concerns the patients.

34. **Education:** It was reckoned that patients who were studying seldom disclosed their serostatus to most school teachers. Members were not aware of any patient whose education opportunity is compromised due to HIV infection. Support to teachers in prevention of blood borne disease is in place. A guideline on prevention of blood borne infection was developed by the Department of Health and the former Education Department and training sessions on HIV was also provided to some teachers.

(E) Residential care service

Residential care service in general is inadequate irrespective of HIV status of any people in needed.

35. It was very difficult for frontline workers to arrange residential care service for patients under 65 years. The current provision of care and attention home for the disabled is highly inadequate to meet the demand. This problem, however, is not limited to patients with HIV infection. Needs for hospice care, though considered less important nowadays, still occurred sometimes. There is an inadequacy in its services in general.

(F) Home care services

Home care service provision is satisfactory.

36. A guideline targets for home helpers on caring for HIV infected patients is available. Members were not aware of any complaints relating to home care service. Its service provision is hence considered satisfactory.

(G) Funeral service

At the time of review, only one undertaker offers funeral services to HIV infected patients. The area has always been a concern for patients.

37. Refusal based on 'business ground' is common from many funeral service providers. Although a guideline on handling of dead bodies has been set out few years ago, no improvement has been observed so far. Complaint of such has not been made to relevant organization e.g., Equal Opportunities Commission, as it is very difficult for family members of the deceased to do so during the acute stage of bereavement. Formal assessment and investigation to the matter has not been made so far. Funeral service remains an important area of concerns for HIV infected patients. Further investigation into the situation and exploration of possibilities to improve accessibility of service is warranted.

(H) Foster care and adoption

No problem was identified by the Group relating to foster care and adoption service for HIV patients.

38. HIV infected persons has equal access to these mainstream adoption and foster care services. No problem was identified by members in obtaining foster care for HIV infected children. It was known that disclosure of HIV status was required to render adoption

service, which was considered appropriate by the Group. There has been no application for adoption from HIV positive couples known so far.

Discussion and the Way Forward

39. HIV/AIDS equaled to a death sentence until not longer than a decade ago. The unprecedented fear and uncertainty related to the new and fatal infection, and the deep-seated social stigma attached to homosexuality, promiscuity and illegal drug use are important factors that shaped the development of the panel of social and support service that is distinct and separated from the 'mainstream' services. Yet, the advance in medical treatment has transformed the course of HIV infection into that akin to other chronic diseases. An infected person is, in general, expected to live symptom free for a longer period if he or she is under appropriate medical care today. Whether the social and support services are meeting the changing needs of the patients, and in particular if the organization of such services should go mainstreaming to 'normalize' HIV infection similar to other chronic disease, are the main issues that the working group would like to address to.

40. In summary, the current provision of social and support services to HIV infected persons was considered satisfactory by the Group. However, the following five specific areas of service have been identified as inadequate and some measures were suggested from the review process. They are:

(1) Funeral service

41. Proposed action: to assess the current situation regarding services provided by funeral undertakers and parlours to HIV infected clients and improve accessibility and proper handling of the deceased.

(2) Special concern for HIV infected haemophiliac patients

42. Proposed action: to explore special needs of HIV infected haemophiliac patients and their carers. The Group noticed that many of them are facing psychological stress and financial problems which strongly related to the double tragedy.

(A study initiated by the Advisory Council on AIDS to assess the needs of HIV infected haemophiliac patients has been completed. The Government is in the process of formulating a series of response to address their concerns.)

(3) Peer counselling and self help activities

43. Proposed action: to explore opportunities to form a centralized/ core patient self help group to enhance organization and strengthen its functions.

(4) Residential care service

44. Proposed action: to feedback to relevant service providers of the needs of patients with HIV/AIDS. (It is noted that the Social Welfare Department is currently reviewing its residential care service provision.)

(5) Employment and vocational training

45. Proposed action: to encourage further exploration and assessment of special employment needs of HIV infected patients and to encourage AIDS NGOs to employ HIV infected patients as staff whenever possible and to provide vocational training.

46. Despite the service gaps mentioned above, it was agreed that significant improvements in availability and accessibility of social service have been observed over the last decade at large. With the government's commitment to foster community participation in prevention of HIV infection and caring for those affected through setting up of the AIDS Trust Fund a decade ago, services provided by the community, most notably the AIDS NGOs, constitute a significant proportion of existing service provision to HIV infected persons. These include professional counselling service, hotline services (AIDS Concern and Hong Kong AIDS Foundation), community-help services (e.g. soup delivery service by AIDS Concern, home-care nurse by SAC) and recreational activities (e.g. activity centre by SAC).

47. Most of the deficiency identified in fact parallels that of the society at large, namely the self help activities, employment opportunities and residential care service and they fall into the auspice of rehabilitation. Demand for these services by the general population is not met, and HIV infected persons are facing difficulties akin. The issue on rehabilitation was probably not addressed fully in the past when HIV infection was considered an acutely fatal disease, and the problem surfaced nowadays when effective treatment was available over the past decade to turn HIV infection into a chronic illness. In fact, suspended services previously provided by the AIDS NGOs, such as The Lookout by SAC (residential nursing

and hospice service) and employment training by Hong Kong AIDS Foundation were highly appreciated by patients in alleviating these problems. For the Lookout, there is, however, the controversy arising from running such expansive service with the little demand. Yet, as the number of patients accumulates with availability of treatment, the need for residential rehabilitative/hospice service actually increased.

48. A number of options are hence proposed to address the relative lack of rehabilitation service for HIV infected patients. From the **policy** level, integration of HIV services into a comprehensive rehabilitation plan should be considered. At present, there is the Rehabilitation Advisory Committee under the Health, Welfare & Food Bureau responsible for the development and overseeing of the Rehabilitation Programme Plan which covers people who are mentally retarded, physical handicapped and mentally ill. The need for rehabilitation of people with chronic illness, to which patients with HIV/AIDS belong, has not been duly recognized. To provide a panel of integrated services to people with rehabilitation needs has been a policy direction of the government and a comprehensive consideration of the needs of different patient groups should not be left out.

49. From the **community** level, service providers should be informed of the issue and with input from the patients, possibilities of solutions could be formulated and/or realized. Both AIDS specific or mainstream NGOs should be involved in the process. From the **patients'** side, they should be actively involved in the process to ensure that what is to be done addressed their concerns. Echo with the finding on the relative lack of self help activities among patients with HIV, bringing the patients together for self help and mutual support would be an empowering process for them to take actions to address their issues of concern and to find solutions to their own problems or to support others by providing information and emotion and social support. Finally, given the changing dynamics on course of HIV infection and, the Group believed that regular needs assessment and service evaluation should be undertaken.

50. Another issue arisen during the work of the Group is that whether HIV services provision should go **mainstreaming**. Currently, much of the services provided to patients are separated from the mainstream organizations. There is probably no simple answer to the question. On the one hand, go mainstreaming may be a sign to support the notion that HIV is only a disease that deserves equal access and opportunity. On the other hand, the 'acceptability' of mainstream organizations to serve HIV positive clients, and the readiness

and willingness of these patients to disclose their HIV positive status to people around remain doubtful. Throughout the review process, perceived stigmatization has in fact been the recurrent theme from the members. It was suggested that **reducing perceived stigmatization** was essential to empower patients to make services and facilities available to them. In promoting mainstreaming of services utilization, to address self-stigmatization issue is crucial and social agencies should bear this in mind in service provision.

51. In summary, since the last review performed a decade ago, improvement has been observed in the provision of social and support service to patients with HIV infection. During the same time, HIV infection has been transformed into a chronic illness and hence a panel of rehabilitation services appeared to be a major gap nowadays. It is proposed that further investigation to address the issue is needed. It seems that it is not yet high time for social services to go mainstream as perceived stigma is still an important concern for patients, and specific needs of patients may not be addressed by the general service. However, regular review and evaluation of social and support services would be indispensable for providing the best possible service to our patients at all times.

Appendix 1

Committee on Promoting Acceptance of People Living with HIV/AIDS

Terms of Reference

- To recommend measures conducive to promoting acceptance of people living with HIV/AIDS;
- To explore legal and ethical issues of HIV/AIDS and their implications on societal acceptance;
- To examine and recommend responses to incidents relating to the acceptance of people infected or affected by HIV/AIDS.

Membership 2002 – 2005

Chairman :	Prof CHEN Char-nie, JP
Members :	Ms CHAN Chiu-ling, Ophelia, BBS
	Ms CHAN Sui-ching, Iris
	Mr CHAN Wing-kai
	Ms CHOI Siu-fong, Esther
	Rev CHU Yiu-ming
	Ms CHUNG Wai- yee, Rita
	Prof HO Suk-ching, Sara
	Mr KWOK Lap-shu
	Dr KWONG Kwok-wai, Heston
	Dr LEUNG Pak-yin, JP
	Mr MAK Hoi-wah
	Mr PANG Hung-cheong
	Ms SUEN Shuk-yin, Christina
	Dr TAN Richard
	Mr TANG Yee-bong, Raymond
	Mr WON Mau-cheong
	Dr WONG Tin-yau
	Mr YIM Kwok-keung
Secretaries :	Dr LEE Chi-kei, Krystal
	Mr WONG Man-kong

Appendix 2

AIDS Social and Support Services Working Group

Membership

Convenor

Mr MAK Hoi-Wah

Members

Ms CHAN, Kitty

Mr CHAN Wing-kai

Mr CHENG, Eddie

Ms CHENG, Irene

Ms CHEUNG Sum

Mr CHU Ferrick

Ms CHUNG Wai-yee, Rita

Mr HO Pak-huen

Mr KWOK Lap-shu

Mr LEE, Barry

Ms LEE Chi-yan, Kristie

Mr MA, Sunny

Mr PANG Hung-cheong

Mr WONG, Alan

Ms YEE, Yuen-kwan,

Secretary

Dr LEE Chi-kei, Krystal

Appendix 3

Documents reviewed by Working Group

No.	Year of publication & author	Title & access
1	1994, ASDC/ACA	A review of services provided to people with HIV/AIDS in Hong Kong. www.aids.gov.hk
2	1998, ACA	ACA Internal Assessment Report. A review of the HIV/AIDS situation and the programmes on its prevention, care and control in Hong Kong. www.aids.gov.hk
3	2000, CPP	Community Planning Process. www.aids.gov.hk
4	2000, Centre for English Language Education and Communication Research, City University of Hong Kong	Culture, communication and the quality of life of people living with HIV/AIDS in Hong Kong.
5	2001, APCC/ACA	Care and welfare of people living with HIV/AIDS. Strategy paper. www.aids.gov.hk
6	2001, Molassiotis A, Callaghan P, Twinn SF et al.	Assessment of needs of adult symptomatic HIV patients in Hong Kong. AIDS Care. 2001 13(2);177-89
7	2001, Molassiotis A. Callaghan P, Twinn SF et al.	Correlates of quality of life in symptomatic HIV patients living in Hong Kong. AIDS Care 2001:13(3); 319-34
8	2003, Lau JT, Tsui HY, Li CK et al.	Needs assessment and social environment of people living with HIV/AIDS in Hong Kong. AIDS Care 2003:15(5);699-706

Appendix 4

Social and Support Service Inventory

- A. Social and support service specific to people with HIV infection
- B. Social and support service applicable to general population, including people with HIV infection
- C. Employment service

A. Social and support service specific to people with HIV infection

I. Information and education provision

Department of Health

- AIDS Hotline (2780 2211) provides free and anonymous HIV testing and counseling services. The operating hour runs from 9am to 6pm from Monday to Friday.
- The Integrated Treatment Centre (ITC) at Kowloon Bay provides telephone enquiry service for HIV patients from 9am to 5pm from Monday to Friday and 9am to 1pm on Saturday.

Hospital Authority

- The Special Medical Service (SMS) at the Queen Elizabeth Hospital provides telephone enquiry services for patients from 9am to 5pm from Monday to Friday and 9am to 1pm on Saturday.

AIDS Concern Hotline (2898 4422)

- 7pm to 10pm, every Thursday and Saturday

Hong Kong AIDS Foundation Hotline (2513 0513)

- 2pm to 5:30pm, from Monday to Friday
- 6:30pm to 9:30pm on every Tuesday, Wednesday and Thursday

Various existing websites in Chinese or English in the internet.

II. Counseling service to clients and their relatives

Integrated Treatment Centre

- Counseling by nurses and medical social workers and referral to clinical psychologist in QMH if necessary.

Special Medical Service, QEH

- Counseling by nurses and medical social workers and referral to clinical psychologist if necessary. But the counseling service is provided for in-patients only.

Society for AIDS Care

- Part time clinical psychologist is available for consultation.

III. Transport service for clients in need such as wheelchair bound or bed bound patients

- Emergency service is now provided by the Fire Services Department while non emergency ambulance transport by Auxiliary Medical Service and Hospital Authority.

- AIDS Concern also provides “Ride Concern” service to patient in need.

IV. Funeral Service

- Only 1 funeral parlour is willing to provide funeral service for PLHA.

B. Social and support service applicable to general population, including people with HIV infection

I. Housing Service

- Rent assistance scheme of Housing Department
- Public housing (Splitting tenancy, tenancy addition etc)
- Temporary shelter (for men, women and families)
- Compassionate rehousing

II. Financial assistance

- Comprehensive Social Security Assistance, Disability Allowance & Old Age Allowance
- Medical waiver (Short term)
- Charitable fund (one-off)
- Support fund (Emergency)

III. Services for the elderly

Residential service

- Aged Hostel
- Aged Home
- Care and Attention Home
- Nursing Home
- Infirmary Service
- Respite Care
- Long stay care home
- Priority/Emergency placement

Home-based service

- Household repair and maintenance service
- Emergency alarm system
- Door bell for hearing impaired elderly
- Concessionary tariff for the elderly
- Telephone

Center-based service

- Social centre
- Day care centre
- Multi-services centre for the elderly

Community-based service

- Community geriatric assessment service
- Support Team for the elderly
- Support for carers programme

Recreational service

- Holiday camp

IV. Personal and family care

- Home help service
- Family aide Service
- Home care/community nursing service

V. Mentally-ill persons

Residential service

- Long stay care home
- Half-way house
- Aftercare service for discharges of half-way house
- Purposefully built half-way house (with criminal record)
- Supported hostel
- Supported housing
- Respite care (aged 15 and above)

Home-based service

- Home-based training
- Community nursing service
- Community psychiatric nursing service

Centre-based service

- Training and activity centre

Assessment service

- Child assessment service
- Community psychiatric assessment service

VI. Mentally-retarded persons

Residential service

- Small group home for mildly mentally handicapped children
- Integrated small group home
- Hostel for mentally handicapped persons
- Care and attention home for mentally handicapped persons
- Emergency placement
- Supported hostel
- Supported housing
- Respite care

Home-based service

- Home-based training
- Community psychiatric service

Centre-based service

- Early Education and Training centre

- Integrated/special child care centre
- Occasional child care service
- Social centre
- Day Activity Centre (aged 15 and above)

Community-based service

- Child assessment service

VII. Physically-handicapped persons

Residential service

- Hostel for physically handicapped persons
- Care and attention home for physically handicapped persons

Centre-based service

- Early education and training centre
- Special/integrated child care centre
- Rehabilitation and training centre
- Social centre

Auxiliary service

- Rehabaid
- Employaid
- Domiciliary Occupational Therapy

Transport service

- Rehabus
- Driver's training course

Assessment service

- Child assessment service

Visually impaired persons

- Braille Service
- Communication and information service
- Home for aged blind
- Care and attention home for aged blind

Hearing impaired persons

- Audio logical and speech therapy service
- Sign language interpretation service
- Ear mould production and repair service

VIII. Child Care service

Residential service

- Foster care
- Small group home
- Children's home
- Emergency placement
- Creche

Centre-based service

- Occasional child care service
- After-care school programme
- Day nurseries

Financial assistance

- Fee assistance for after-care school programme
- Kindergarten fee remission scheme

IX. Service for Teenage

- Girls' home/hostel
- Boys' home/hostel
- Probation home
- Home for unmarried mothers

Centre-based service

- Children & youth centre
- Outreaching service
- School social work

Recreational service

- Camps and hostels
- Uniform groups

X. Drug-abusers

- Centre-based service
- Hospital-based service
- Residential drug withdrawal treatment centre
- Half-way house
- Methadone clinic

XI. Services for families

Home-based service

- Home help service
- Family aide service

Centre-based service

- Family services Centres

Community-based

- Family life education
- Family planning service

Marital service

- Family mediation service
- Services for battered spouse

Adoption service

Child protection service

Child custody service

Services for unwed mother

Temporary refuge service

Bereavement service

XII. Services for chronically ill persons

- Community rehabilitation service
- Hospices service
- Medical social service
- Patient resource centre
- Self-help organization
- Community nursing service
- Free ambulance service

XIII. Services for offender

- Probation service
- Probation home/hostel
- Hostel/half-way house
- Counseling service
- Recreational service
- Hotline service
- Volunteer service

XIV. Services for new arrivals from Mainland China

- Counseling service
- Induction programme for children
- Adjustment programme for new arrivals (mass programme, seminars, group, recreational activities...etc)

XV. Legal service

- Duty lawyer service
- Legal Aid Department

XVI. Clinical Psychology Service

- Government, non-government organizations and private sector

C. Employment service

(according to agencies providing such service)

Labor Department (GO)

- Job Matching
- Labor Law
- Group Counseling

Employees Retraining Board (Independent Statutory Body)

- Co-ordination of the retraining courses among NGOs

District-Based Employment Support Network, Hong Kong Council of Social Service (NGO)

- Career Counseling
- Retraining Program
- Referral Service
- Job Matching
- Job Evolution

Mainstream NGOs

- Retraining Program
- Career Talk & Exhibition

AIDS Specific Organizations (ASOs)

- Community Rehabilitation network
- Patient Support Group
- Interest Class & Skill Training Workshop*

GO Government

NGO Non Government Organization

* Skills training classes for PLHA: English, Mandarin, Computer, English & Chinese typing class, massage and foot massage.

Committee on Promoting Acceptance of People Living with HIV/AIDS (CPA)

The Committee on Promoting Acceptance of People Living with HIV/AIDS (CPA) was formed in 1999. Its terms of reference and membership are as follows:

Terms of Reference

- To recommend measures conducive to promoting acceptance of people living with HIV/AIDS;
- To explore legal and ethical issues of HIV/AIDS and their implications on societal acceptance;
- To examine and recommend responses to incidents relating to the acceptance of people infected or affected by HIV/AIDS.

Membership 2002 – 2005

Chairman :	Prof CHEN Char-nie, JP
Members :	Ms CHAN Chiu-ling, Ophelia, BBS
	Ms CHAN Sui-ching, Iris
	Mr CHAN Wing-kai
	Ms CHOI Siu-fong, Esther
	Rev CHU Yiu-ming
	Ms CHUNG Wai- yee, Rita
	Prof HO Suk-ching, Sara
	Mr KWOK Lap-shu
	Dr KWONG Kwok-wai, Heston
	Dr LEUNG Pak-yin, JP
	Mr MAK Hoi-wah
	Mr PANG Hung-cheong
	Ms SUEN Shuk-yin, Christina
	Dr TAN Richard
	Mr TANG Yee-bong, Raymond
	Mr WON Mau-cheong
	Dr WONG Tin-yau
	Mr YIM Kwok-keung
Secretaries :	Dr LEE Chi-kei, Krystal
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