

HIV PREVENTION IN HONG KONG
STRATEGY SERIES

**Care & Welfare of People Living with
HIV/AIDS
- Strategy Paper -**

July 2001

**AIDS PREVENTION AND CARE COMMITTEE
HONG KONG ADVISORY COUNCIL ON AIDS**

HIV PREVENTION IN HONG KONG

STRATEGY SERIES

About this series:

This paper is one among the STRATEGY Series developed by AIDS Prevention and Care Committee (APCC) since 1999. The series presents the current understanding on the HIV and related issues in the described priority areas specific to the local settings, together with the consensual recommended directions for future activities. A societal perspective is undertaken and a pragmatic approach adopted. Target users of this series would include policy-makers, administrators, educators, planners and implementers, and anyone in the public who is interested.

Purposes of the STRATEGY SERIES:

*To stimulate interest in the community;
To catalyze the development of targeted prevention efforts; and
To set up forum for refining future strategies*

Updates:

HIV prevention is a dynamic area and the community's input is vital. The situations and recommendations made in these papers are specific to the time when they are developed, albeit imperfect and not without controversies. The Committee is prepared to review them whenever appropriate. Those who are interested are encouraged to send in their views and recommendations, preferably with supporting documents and reference materials.

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Foreword and Acknowledgement

This strategy proposal is the work of the Task Force on the Care and Welfare of People Living with HIV/AIDS which consist of HIV/AIDS patients, NGO representatives and Governmental representatives. The convener wishes to acknowledge the contributions made by all members of the Task Force in formulating this strategy paper. All comments and further suggestions are welcome.

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July 2001

Abbreviations

| | |
|---------|--|
| AIDS | Acquired Immuno Deficiency Syndrome |
| API | Announcement of Public Interest |
| ASO | AIDS Services Organizations |
| ATF | AIDS Trust Fund |
| CP | Clinical Psychologists |
| DH | Department of Health |
| GIPA | Greater Involvement of People Living with HIV/AIDS |
| HA | Hospital Authority |
| HCW | Health Care Workers |
| HIV | Human Immuno-deficiency Virus |
| ITC KB | Integrative Treatment Centre, Kowloon Bay |
| MSW | Medical Social Worker |
| NEATS | Non-emergency Ambulatory Transport Service |
| NGOs | Non-governmental Organizations |
| PLHA | People Living with HIV/AIDS |
| QEH SMS | Queen Elizabeth Hospital, AIDS Clinical Service |
| SWD | Social Welfare Department |

1. Background

- 1.1 The cumulative number of HIV infections in Hong Kong as at the end of Year 2000 was 1,542 and 500 of them had progressed to AIDS. The HIV clinic under the Department of Health (DH) and the Hospital Authority (HA) AIDS service based at the Queen Elizabeth Hospital look after the majority of the HIV/AIDS clients here. The caseload now stands at around 400 in each centre.
- 1.2 Appreciation and understanding of the care and welfare needs of PLHA are essential in order to develop relevant and appropriate services. The needs of PLHA go beyond clinical care and treatment regime. PLHA's needs include, for the most part, social support to alleviate the socio-economic impact induced by HIV infections and subsequent re-entry to the job market; psychological support to cope with the implications of living with a life-threatening illness; and protection against discrimination and stigma resulting from disclosure.

2. The need to strengthen responses

- 2.1 Health care system faces increasing challenges in providing care and support for PLHA. The impact of HIV/AIDS on the health care system globally is witnessed in the increasing number of people infected, especially in those of the productive age; additional burdens on the over-stretched health care expenses; the complex and diversified needs associated with the disease on those infected. HIV infection has given rise to a concurrent epidemic of tuberculosis, thus demanding excessive efforts and resources in providing services.

3. Objectives

- 3.1 The goals of providing care and support for PLHA are to
 - 3.1.1 reduce HIV-related mortality and morbidity
 - 3.1.2 improve the quality of life of PLHA
- 3.2 Specific objectives are
 - 3.2.1 to strengthen HIV prevention
 - 3.2.2 to implement and expand the principle of greater involvement of PLHA (GIPA) at different levels
 - 3.2.3 to mitigate the socio-economic and psychological impact of HIV on individuals, families and communities at large

4. Rationales for care and support

- 4.1 The consensus about the importance of care and welfare stemmed from the fact that to live a healthy life is a basic human right
- 4.2 Access to care and support also contributes to the prevention of HIV infection. Care provision offers an opportunity to engage clients and their significant others on their parts in preventing further spread of the virus. In supporting them in their choices of approaches in HIV prevention, e.g. by availing access to interventions that reduce mother to child transmission, encouraging them on prevention through safer sex practice like condom use and staying away from sharing needles in IV drug use are all possibilities. With better understanding of the antiretroviral therapy, PLHA will have more concrete knowledge on the treatment regime to enjoy the benefit of the pharmacological advancement.
- 4.3 Care and support for PLHA is believed to be helpful in reducing the spread of concurrent infectious diseases that are common among HIV-infected people. Examples of such effect include early diagnosis and treatment of conditions like Tuberculosis (TB) and Sexually Transmitted Infections (STIs).
- 4.4 By open and compassionate care for HIV infected people, their caregivers alleviate the fear of their communities on HIV infection, and hopefully reduce the damage caused by stigma and discrimination against PLHA. A supportive environment tends to give a positive message to those who suspect they are infected by HIV, hopefully, to facilitate their intention to seek medical intervention.
- 4.5 Social and Economic benefits of care and support for PLHA arise when they live longer and healthier, thus postponing the loss of income for themselves and their families and deferring financial hardship that may appear. By remaining active members of the regular workforce, PLHA have a greater sense of social wellbeing through their feeling of being “valuable” to the families and the society
- 4.6 Care and support for PLHA are the building blocks for their mental health. Their quality of life improves and their self care abilities increase if PLHA and their families can maintain hope and confidence.
- 4.7 PLHA can play a much wider range of roles with increasing levels of involvement in their care and support. The principle of greater involvement of PLHA (GIPA) advocates that society keeps the AIDS epidemic under control with PLHA as the gatekeepers.

5. Principles and values

To meet the physical, emotional, social and economical needs of PLHA, care and support should be governed by the following principles and values:

- 5.1 **Respect:** Respect for human rights is essential. Issues related to confidentiality, disclosure and privacy are of paramount importance to PLHA in enhancing individual autonomy and human dignity.
- 5.2 **Equity:** There is to be no discrimination of gender, age, ethnicity, race, sexual preference, employment and education in term of care and welfare provision and accessibility.
- 5.3 **Quality of care:** Interventions and services for PLHA aim to benefit them with improvement in their quality of life. Quality assurance is necessary to uphold the effectiveness.
- 5.4 **Efficiency:** Efficiency considerations fuel the need to coordinate and integrate the health care systems so as to ensure the continuity of service delivery among different providers and various levels of care.
- 5.5 **Sustainability:** Initiatives in provision of care and welfare will remain meaningful—and other principles of care and support will only be viable — where they are embedded in sustainable programs.

6. Strategy Framework

Four core areas including clinical , social, educational and employment needs of PLHA were identified as their fundamental needs. Approaches utilized in setting the context include needs assessment, resource inventories, gap analysis and recommendations. Information gained on each perspective is put forward for discussion.

7. Clinical Service

7.1 Clinical Psychologist (CP) Service

PLHA and their families, when facing the impact of the HIV infection, have great need of Clinical Psychologist (CP) service to assess them and provide therapy as required for their psychological wellbeing. ITC reported that the waiting time for CP service in

QMH is in term of months and CP service in QEH is already over-stretched since the 2 CP in QEH are allocated with in-patient workload of QEH as well as Kowloon Hospital. Obviously, the demand is not met with the existing supply. Long-term therapy and follow up is difficult. Since January 2001, SAC started a part time CP service to alleviate the demand.

Recommendation

- Addition of CP service as regular manpower in HIV Clinics for initial work of assessment and subsequent therapy plus long term follow up service. If possible, extend resources to strengthen community CP service.

7.2 Counseling Service

Counseling aims to support PLHA in exploring possibilities and thus taking effective actions in managing issues related to the disease. It serves to open up and expand the views of PLHA and their families for a quality mental health. For the newly diagnosed clients, intensive counseling is significantly beneficial to set the stage to recovery. Counseling is primarily provided by nurses and MSW in HIV clinics during office hours. The existing manpower in both clinics is inadequate to accommodate the need of clients after office hours. AIDS NGOs concurrently cover some evening timeslots, however feedback from the PHA community is that the counseling service is insufficient.

We call for specific support services catering to the parents who have HIV+ children. Many parents are HIV+ themselves and they are taxed with being sick and concurrently providing care to their infected children.

Recommendation

- Strengthen counseling service in HIV clinics and NGOs
- Support counseling skill training to clinical staff.
- Provide professional counseling service for parents with HIV+ children.

7.3 Information delivery

PLHA identified that the need for information about treatment and services as their primary needs (Advisory Council on AIDS 1994, Lau 2000). For information on treatment, it is understandable that the clients are keen to communicate with the medical staff on their plan, their progress and their result on receiving treatment. Medical services are mostly needed, especially for symptomatic/AIDS cases. Precise and concise information delivery matching their needs is immensely important. Telephone inquiries are the indirect alternative currently utilized. This service is available in the HIV clinics during office hours. It is noticed that at times the lines

are busy or nobody is available to answer calls. Hotline services are shared among the Department of Health (DH) and NGOs namely AIDS Concern (AC) and Hong Kong AIDS Foundation (AF) with great contribution by volunteers. Running time is limited primarily to afternoons on weekdays owing to manpower available.

Recommendation

- Strengthen the phone inquiry service
- For clients who are comfortable or interested in using electronic communication (e commuting), the clinical input of medical staff can be very helpful in their search for updated information on treatment regime or other AIDS related issues.
- Information fact sheets in multiple languages can be useful for clients as well as members of other communities.
- Expansion of hotline services by NGOs during non-office hours and public holidays-

7.4 Hostel/ residential care

Hostel/ residential care for AIDS clients with self care deficit is nonexistent. HIV infected clients with AIDS related dementia, physical disabilities, or psychiatric conditions are examples of this group of clients.

Recommendation

- To prepare staff of mainstream NGOs with training for absorbing this group with flexibility and sensitivity.
- To encourage AIDS workers to monitor clients changing demand on self care.

7.5 Transportation service

Many PLHA relate their needs for transport support for medical appointments when they are weak. Transport operation under the scheme of Non-emergency Ambulance Transport Service (NEATS) is managed by individual hospital under the Hospital Authority (HA). Similar service at a smaller scale is run by the St John Ambulance Brigade (St. John) and Auxiliary Medical Services (AMS). Due to hot demand for service, QEH finds that advance booking up to a month for NEATS is necessary to secure transport for PLHA returning for follow up.

Ride Concern, a free transportation service is provided by AIDS Concern for those PLHA who have disability or too weak to travel for medical appointments. This is a direct service primarily for PLHA supporting them for medical care. One private vehicle is the only resource available at the moment. According to the statistics provided by AIDS Concern, in April 2000 to March 2001, 692 trips were provided, with a service provision increase of 42% when compared with their last fiscal year.

Recommendation

- To review the existing NEATS service, strengthen its role and expand its scope of service.
- Resource allocation to strengthen the Ride Concern service

7.6 Medical expenses

The current medical expense is affordable for many clients. For those who are in financial needs, there exists also the safety net of social assistance. This gives a reassurance to many PLHA. The proposal on self-financing in the local upcoming health care reform brings worries to many with chronic illness and PLHA is one of them.

Recommendation

- To continue existing medical payment system without the need for a separate bill for drug cost.
- Reassurance from government to the affected community that antiretroviral therapy will not be denied as a result of cost.

8. Social services

Existing services

Government or non-governmental organizations (NGO) provide range of services for the social welfare of PLHA. The two designated AIDS clinics make referrals to NGOs and AIDS related organizations including AIDS Concern (AC), Hong Kong AIDS Foundation (AF) and The Society for AIDS Care (SAC) of which services are provided under limited resources (Please see appendix 1 for the inventory of existing services).

Service Gap Analysis

Based on the recent research studies and with cross reference to the existing services, the Task Force identified the following area of concerns in which the Government and the community need to take immediate action:

- Funeral service
- On going research studies on the changing needs of PLHA
- Promoting acceptance of PLHA
- Skills training programs for PLHA

8.1 Funeral Service

Although the government has issued and updated the guideline on precautions for

handling and disposal of dead bodies in 1994, 1997 & 1999 respectively, family members of the deceased still have difficulties in finding funeral parlor to arrange the funeral service. There were cases in which the funeral parlor workers refused to proceed with the funeral by the time they saw the yellow packing of the bodies. A close guess usually reflects the deceased HIV status as in the guideline categorized HIV infection, Hep. C and Creutzfeldt-Jacob disease without necropsy are placed in yellow label and put into a body bag.

It is believed that those who refused to provide funeral service to the deceased is due to misconceptions of HIV transmission, which created fear, and worries. While HIV/AIDS training is provided to the parlor workers, the situation has not changed much. It is noticed that many parlor workers are part-time employees and they only show up on the availability of work. Thus it is difficult to establish a contact point with them for education.

Recommendation:

- Education on HIV/AIDS should be implemented targeting the parlor workers from different levels, especially the frontline workers. Ongoing education for this target group should be formulated since one-off education is not enough for behavior and attitude changes.
- Establishing a partnership through the support of AIDS Trust Fund with the funeral homes and/or service provider will also facilitate the education process.
- The Task Force recommends that the government review the guideline on “Precautions for handling and disposal of dead bodies”.

8.2 On-going research studies on the changing needs of PLHA

Service providers should bear in mind on the diversity of PLHA needs when they design and/or provide services. There are PLHA who indicated the existing services do not fit their needs.

Recommendation:

- Research is needed to assess the priority of needs.
- An independent research body is needed to conduct need assessment on a regular basis.
- Special attention to address the needs of the non-Chinese PLHA group.

8.3 Promoting acceptance of PLHA

There is a misunderstanding of PLHA from the society with a deep-rooted negative image of them. The acceptance of PLHA is the key to minimize discrimination as well as raise the awareness of early testing.

Recommendation

- To avoid further stigmatization, messages should be built on the sensitivity of particular vulnerable communities for equality.
- The Task Force endorses the recommendation as forwarded by the Committee on Promotion of Acceptance of PLHA. (Please refer to the strategy paper for details.)

8.4 Skills training programs for PLHA

8.4.1 Resource Book for PLHA

PLHA identified that the need for information about treatment and services as their primary needs (Advisory Council on AIDS 1994, Lau 2000). PLHA indicated that they are not aware of the existing services provided by different clinics and/or NGOs. The need for information on access to support services is essential.

A booklet will soon be produced by the Department of Health targeting those who are newly diagnosed to provide basic knowledge of HIV including support services. SAC is producing a booklet on healthy living. However, a booklet on introducing positive living and incorporating different organizations' support services is needed. Such a booklet should be produced jointly by related organizations to provide complete information and avoid duplication of resources. A booklet similar to the one produced for new arrivals from China is believed to be a working format. The concept of the booklet can develop along the line of a flow chart of physical and psychological needs. The target audience should be the infected and their carers.

Recommendation

- To develop printed materials like flow charts, posters and pamphlets introducing different services available to meet the physical and psychological needs of PLHA

8.4.2 Information dissemination (IEC: Information, education and communication)

Information dissemination is urgently needed within the PLHA community especially those information focusing on the latest treatment and care. However, the source of information is mainly through the Internet, which is disseminated most frequently in English. Effort is needed to translate the information in local language, and disseminate by different means including printed materials, helpline, or electronic forum.

Recommendation

- To disseminate up to date HIV/AIDS related information in local language.

8.4.3 Promotion of peer support

It is identified that peer (PLHA) support is crucial to supplement the existing support service. Involving PLHA in providing peer support could enhance the comfort of talking to the “same-kind”. At present, there are support groups such as Positive Living Group (樂生社), “Positive Group” (正組) or some run by AIDS specific organizations, community group and the two designated AIDS clinics serving the purpose of providing peer support.

Recommendation

- To set up a PLHA hotline, which is provided by trained PLHA volunteers with professional support. Funding must be allocated to support these initiatives. Implementation of the GIPA principle shouldn't be simply taking token PLHA participation, but to involve them at different levels and supporting them in building skills and technical know-how to facilitate their participation.
- Adopt the format of peer counseling as advocated by UNAIDS for youth and modify its use to fit the needs of local scene.

9. Education

With the rising number of infected women, Task Force Members are concerned with the trend of increasing HIV infected children. Starting treatment early will enable these children to enjoy good health. As they grow older, there is the need to provide proper education. The pharmaceutical advancement supports the children to enjoy improved health in general. As they grow, there is the necessity to fulfill their needs for education. The Education Department had issued 2 guidelines related to HIV+ pupils in school (1992, 1994). The implementation of the guideline is in doubt since there are difficulties faced by parents when disclosing their child's HIV status to the school authorities. At the time of the formation of this strategy paper, the Education Department has issued a 2001 edition. Examination of the supervising the implementation of the latest guideline is necessary.

Due to the small number of infected children, the Task Force Team Member had interviewed two parents who had HIV+ children. Their experience in dealing with the school authority is as the following : -

Case 1

A parent, who has a HIV+ child, was given a list of 10 schools from a social worker.

The parent was asked to go to the school one by one. This parent disclosed his child's HIV status. At the second school, the parent was told by the school authority that they are not ready to intake a HIV+ pupil and therefore, this school rejected the application. The parent disclosed the child's HIV status when approaching the 3rd school. The school authority sent all teachers for HIV/AIDS training and they accepted the child's application afterward. The child is now studying in this school.

In this case, the parent felt he had the obligation to inform the school authority because he wanted the teachers to know how to take care of children with HIV/AIDS.

Case 2

In the second case, the parent was reluctant to disclose the child's HIV status. In this situation, the child has no problem finding a school. The reasons why the parent did not disclose the status is largely due to the fear of discrimination. The parent fears the school's rejection, as the school may need to consult the opinions of other parents.

The issue of education further exposed parents' concern about their children's development. While the children are growing up, more issues will arise, such as learning that they have a long term illness requiring daily medications, and not being as active as other children. This may give rise to a negative self image. The parents may also be concerned about the psychological consequence when the children find out their HIV status.

Recommendations:

Education

- As illustrated from above cases, there are schools still refusing to admit HIV+ children, though they shifted the focus to the readiness of the staff members in the school. In view of this, specific training on HIV/AIDS and first aid should be incorporated into the teacher's training curriculum.
- To strengthen the response from the existing teachers, we recommend that each school send at least one teacher plus the school social worker to undergo training on universal precaution and first aid. This aims at securing trained personnel to manage any accidents with the proper knowledge and technical know-how in times of emergency till medical assistance is available.
- The Task Force also urges to strengthening the facilitating role of The Hong Kong Council of Social Service in social welfare personnel training and universities' social work curriculum by including HIV/AIDS related topics.

Support for the parents

- Develop support group for the parents to enhance mutual support and experience sharing.
- Support the specific needs of parents with professional counseling

Support for the children

- As for the HIV +ve children, physical health as well as psychological health is equally important. Small children may not be aware of their HIV status as their parents may either feel uncomfortable or don't know how to explain it to them. We call for specific support services to be provided for these children. These services should aim at helping these children to cope with the disease, stress, emotional response and parent-child relationship. AIDS service organizations should coordinate to set up a group specifically for HIV positive families to provide information, counseling and activities.
- To provide training for proactive plans on pediatric care in relation to their emerging bio-psycho-social needs.

10. Employment

Like most people in Hong Kong, PLHA experience hardship in securing sustainable employment owing to the economic downturn in recent years. There is a change of work nature among the primary industry here from that of manufacturing to hospitality witnessed in the last decade. In view of their employment needs, mainstream social service agents play a major role for the unemployed including PLHA. AIDS-specific NGOs are supportive in strengthening clients' skill building capacity with the goal of rejoining the work force.

PLHA feel that there is a need for them to change their career, partly due to their illness and partly due to the economic downturn. To be able to locate a new suitable job, understanding of the market situation, looking for work, enhancing personal strength as a social being are factors leading to a successful result.

Mainstream social service on employment needs

The Labor Department and Social Welfare Department concurrently provide services to alleviate the unemployment impact on local citizens. New job positions are posted for any one to use as a reference when searching for work. Retraining programs organized through the Employee Retraining Board aim to strengthen the unemployed in their capacity of locating a new job.

Working with other NGOs, the District-based Employment Support Network of the

HKCSS provides employment-related service including job matching, job training and retraining program, group and individual career counseling, career talk and exhibition and reaching out to employers.

Service Gap

Much of the data has shown that the above service support limited improvement in employment due to the following reasons

- Poor economic situation (4.6% unemployment statistics in March, 2001)
- Lack of employment opportunity
Insufficient job placements even for graduates of retraining programs (70% of employment after retraining, but there is no data on sustainability of the employment)
- Choices of retraining subjects are limited (example of common subjects: security guard, home helper, personal care worker, clerical staff, computer operators, construction workers and electricians)
- Age limit: most of the age requirement is over 30 years. HKCSS accept applicants aged over 45.

In order to assist people with chronic illness to rejoin the job market, the patient units of Queen Elizabeth Hospital, Kowloon Hospital and Princess Margaret Hospital are implementing various jobs re-training program for chronic illness patients. For people living with HIV/AIDS, the Occupational Therapy Department of QEH has a pilot project of employment service for them.

AIDS specific service

In order to support PLHA to reintegrate into the job market, the AIDS-related organizations are providing services to the patients as follows.

- Skill training classes on language, computer usage, alternative therapies are run by NGOs to stimulate their learning.
- Capacity building workshops on communication skills, psychological well being, physical health are organized by NGOs for PLHA and significant others. PLHA volunteering service is one example.
- The goals of the skill training classes and capacity building workshops focus on empowering PLHA in acquiring more skills, maintaining physical health, and building up confidence in various aspects of their living rather than restricting its purpose for employment only. Volunteering service supports PLHA in establishing a work habit.
- A small-scale job referral service is provided by AIDS specific NGO through personal contacts. Owing to the fact that there is limited job placement, job referral among NGOs experiences drawbacks.

Recommendation

- To empower PLHA to rejoin the job market by referring them to physical training and job counseling especially in increasing their confidence at work.
- Educate employers/colleagues to accept people with chronic illnesses

11. Conclusion

- To strengthen the existing support service provided by clinics and AIDS specific NGOs.
- To encourage mainstream NGOs to integrate the provision of social services for PLHAs as according to their emerging needs.
- To empower PLHA to reintegrate into the society by means of capacity building.
- To encourage the society to accept PLHA.
- Development of any support services should be evidence based and follow the epidemiological trend of HIV infection.

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INVENTORY

1. CLINICAL SERVICE

Both HIV clinics operated by the ITC Kowloon Bay and Queen Elizabeth Hospital provide 4-7 session clinical service each week.

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 8am to 8pm 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 for patients services 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 wheel chair 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.

V. Medical expenses

- Specialist consultation charges \$44 for each visit.

VI. Care of HIV infected children and their family¹

- The Paediatric Unit in QMH and QEH are providing care to the HIV infected paediatric patients.

2. Social Welfare Services

AIDS Specific Services (as provided by governmental and non-governmental AIDS service organizations)

Tangible Service

- Financial assistance
- Transportation service
- Soup delivery service
- Volunteer service
- Recreational activities
- Day Activity Centre

Intangible Service

- Counseling service
- Medical social service
- Home care nursing service
- Hospice service
- Buddy service
- Group activities

Non-AIDS specific Service (Provided by the government, applies to general public including PLHA)

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

¹ Although the number of paediatric patients is small at the moment but the potential need and their implications are great especially when these children reach adolescent.

- 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

Senior citizen card

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
- Purpose built half-way house (with criminal record)
- Supported hostel
- Supported housing
- Respite care (over 16)

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

- Residential special child care
- 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 (over 16)

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
- Employ Aid
- 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
- Boy's home/hostel
- Probation home
- Homes for unmarried mother

Centre-based service

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

Recreational service

- Camps and hostels
- Uniformed 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

3. Employment

Labor Department (GO) provides

- Job Matching
- Labor Law
- Group Counseling

Employees Retraining Board (Independent Statutory Body) provides

- Co-ordination of the retraining courses among NGOs

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

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

Social Services provided by mainstream NGOs

- Retraining Program
- Career Talk & Exhibition

Support Service provided by 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.

About AIDS Prevention and Care Committee

The AIDS Prevention and Care Committee (APCC) is a newly formed committee under the fourth term of ACA starting August 1999. The Committee replaces two previous committees under the third term: the Committee on Education and Publicity on AIDS (CEPAIDS) which was first established under the then Medical & Health Department in 1987 for designing and implementing AIDS prevention programmes, and the AIDS Service Development Committee which was formed in 1994 to look after the needs of patients in AIDS clinical and support services.

APCC has the following terms of reference:

- (a) To be responsible to the Hong Kong Advisory Council on AIDS;
- (b) To formulate prevention strategies on HIV/AIDS with emphasis on vulnerability;
- (c) To facilitate the development of relevant local model of HIV prevention and care activities;
- (d) To involve the community on local HIV/AIDS prevention and care activities;
- (e) To develop a coordinated programme direction to enhance positive response from the community;
- (f) To promote quality treatment, care and support of people living with HIV/AIDS in both public and private sectors; and
- (g) To evaluate the effectiveness of AIDS prevention and care programmes in Hong Kong.

Membership

Chairman :

Mrs Diana WONG IP Wai-ying

Correctional Services Department :

Dr. TAN Kaw-hwee

Members :

Dr. Richard TAN

Department of Health :

Professor Peter LEE Wing-ho

Dr. Thomas CHUNG Wai-hung

Mr. Daniel LAM Chun, JP

(up to January 2000)

(resigned in July 2000)

Dr. KWONG Kwok-wai

Professor Sara HO Suk-ching

(from February 2000)

Mr. CHEUNG Che-kuok

Mr. HO Chi-on, Billy

Health & Welfare Bureau :

Dr. Joseph LAU Tak-fai

Miss Angela LUK Yee-wah

Dr. Kerrie L. MacPherson

Ms. Bella LUK Po-chu

Information Services Department :

Mr. Chung-chi TO

Mr. Simon LAU Wai-bing

Mr Tony PANG Shing-fook

Mr. LIN Oi-chu

Social Welfare Department :

Dr. James CH' IEN Ming-nien

Mrs. Alice LEUNG WONG Sau-mei

Mr. Frederick TONG Kin-sang

Secretaries:

Mr. KO Chun-wa

Department of Health :

Mr. Brett WHITE

Dr. Clive CHAN Ching-nin

Mr. CHAN Kwok-chiu

(up to May 2001)

Dr. Patrick LI Chung-ki

Dr. Francisco WONG

Mr. Graham SMITH

(from June 2001)

Ms. Lourdes FONG

Mr. John YIP Lau-sun

Sr. Ann GRAY

Mr. WAN Mau-Cheong

Ms. Elijah FUNG

