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Development of End of Life (EOL) Services in Hong Kong: A Case Study of Caritas Hong Kong's Ning-An Scheme for the Elderly

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Abstract: Population ageing is advancing rapidly in Hong Kong. Between 1987 and 2013, the percentage of population considered elderly rose from 7% in 1987 to 14%, indicating the city is joining the ranks of the ageing societies. Together with increasing quality of health care services and openness to the discussion of death in society, End of Life (EOL) services are not only used by terminally or chronically ill patients, but have also begun to attract many old people in good state of health who wish to prepare for 'a good death' in advance. This paper studies this relatively new form of elderly service — EOL services *for the healthy elderly* in Hong Kong by using a case study of Ning-An Scheme. It aims to answer these questions: how has EOL services developed in Hong Kong? Why EOL services have become increasingly important in Hong Kong? What are the characteristic of Ning-An Scheme and their users? Based on statistics from the government and Caritas Hong Kong, as well as interview with staffs and users, the author argues that EOL services like Ning-An Scheme can be important resources for the elderly, especially the one-person/couples-only households and the economically challenged. They offer supports to help elder participants embrace their life's final journey positively and gain a sense of well-being.

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1. Introduction

Population ageing is advancing rapidly in Hong Kong. Between 1987 and 2013, the percentage of population considered elderly rose from 7% in 1987 to 14%, indicating the city is joining the ranks of the ageing societies. In 2023, it is estimated that 20% of the population will be 65 years old or above (Census and Statistics Department 2012, 2014). To respond to the growing elderly population, the government and NGOs are working actively to meet the increasing welfare demand.

Elderly welfare in Hong Kong had emphasized the role of institutional and community care facilities in catering to the healthcare, social, and recreational needs of the elderly since the 1960s. Supports for elderly people to deal with issues related to death, such as funeral care services, life

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and death education, and counselling, were basically unavailable. Until the 1980s, a number of NGOs started to provide end-of-life (EOL) care to terminal-ill patients. Nowadays, EOL services have become more popular and faith-based organizations are important providers of such services, such as Caritas Hong Kong and St. James Settlement. Other secular NGOs that offer EOL care are Tung Wah Groups of Hospital, Society for the Promotion of Hospice Care, and The Comfort Care Concern Group.

As population becomes older, demand for EOL services is expected to increase in the near future. Together with increasing quality of health care services and openness to the discussion of death in society, EOL services are not only used by terminally or chronically ill patients, but have also begun to attract many old people in good state of health who wish to prepare for 'a good death' in advance. This paper attempts to study this relatively new form of elderly service — EOL services *for the healthy elderly* in Hong Kong by using a case study of Ning-An Scheme. It aims to answer these questions: *how has EOL services developed in Hong Kong? Why EOL services have become increasingly important in Hong Kong? What are the characteristic of Ning-An Scheme and their users?*

This paper first provides an overview of EOL service developments in Hong Kong. It then discusses the social backgrounds that lead to the gradual popularization of such service. The third part presents an in-depth case study of Ning-An Scheme, a service provided by Caritas Hong Kong, which is the largest faith-based charitable organization in Hong Kong founded by the Catholic Diocese. Analysis are mainly based on statistics provided by the organization and government, as well as interviews with staffs and users. The author argues that EOL services like Ning-An Scheme can be important resources for the elderly, especially the one-person/couples-only households and the economically challenged. It offers supports to help elder participants embrace their life's final journey positively and gain a sense of well-being.

2. Development of End-of-life care

2.1 History of EOL services

The spirit of EOL care can be traced to medieval Europe, where Monasteries were open to travelers and pilgrims, and took care of wanderers who suffered from wounds and illness. In the late 19 century, many hospices with similar functions were established in Britain and America by religious groups to serve the sick and underprivileged who had no one to rely on. Such service has become the prototype of EOL care. In the late 1950s, Dr. Cicely Saunders (1918–2005) first articulated her ideas about modern hospice care based on the careful observation of dying patients. She advocated that only an interdisciplinary team could relieve the 'total pain' of a dying person in the context of his or her family. With her countless effort, St. Christopher's Hospice was established in London in 1967, writing a new page in the development of EOL service (Smith 2000).

In the 1960s, a psychiatrist in the United States, Elisabeth Kübler-Ross, advocated the treating of people at the end of life with respect, openness, and honest communication. Her groundbreaking book, *On Death and Dying* (1970, c1969), and charismatic presentations revolutionized and humanized how dying patients were acknowledged and cared for. In 1974,

Dr. Balfour Mount, a surgical oncologist in Canada coined the term 'palliative care' and introduced Dr. Saunders' innovations into academic teaching hospitals. He provided holistic care for people with chronic or life-limiting diseases and their families who were experiencing physical, psychological, social, or spiritual distress (Kobayashi 2010). Since 1970s, the idea of EOL care has begun to widespread not only to Western countries but also to Asian regions such as Japan, Singapore, Taiwan, and Hong Kong. Nowadays, the focus of EOL service not only includes dying patients, but also patients diagnosed with life-limiting illnesses.

2.2 EOL services in Hong Kong

The idea of EOL was first realized in Hong Kong in the early 80s (Lin 1996) with the efforts of Sister Helen Kenny, Dr Yu Wing Kwong and Ms Lucy Chung, who together piloted the first hospice care team and home care program at Our Lady of Maryknoll Hospital (OLMH). Sister Helen is one of the active pioneers who led and promoted the hospice movement in HK. She was one of the original group of religious Sisters who opened OLMH in 1961 and spent 18 years as nurse, supervisor and nursing director. Her interest in providing EOL care for people with terminal illnesses began in the early 1970s. During that time, caring for dying patients was a completely new concept.

In 1984, Sister Gabriel O'Mahoney, Dr Vincent Tse, Dr Yu Wing Kwong, Lucy Chung, Reverend Ralph Lee and Revervend John Russell became the core group that founded the Society for the Promotion of Hospice Care (SPHC). In 1986 SPHC was established, which launched the 1st Hospice Home Care Nursing Program in 1988 and set up the Bradbury Hospice in 1992. As the population has become older in Hong Kong in the 90s, public medical facilities began to provide EOL services. Nowadays, there are a total of 16 hospitals under the Hospital Authority (HA) providing palliative care services.[1] At this stage of time, EOL care services were mainly provided in hospital and hospices for terminally-ill patients, especially for the elderly. It provided physical palliative care with emphasis on symptom control, psychological counselling and support to patients and their family, assistance over social difficulties, and spiritual support (Fielding and Chan 2000).

2.3 Recent trends in EOL services in Hong Kong

In recent decades, with the improvements in health care services and living conditions, older people have longer lifespan and are more socially active in their community. While death remains a taboo for some, the public has become more open to the discussion of death gradually thanks to the steady development of life-and-death education across all generations. In this context, EOL services are not only used by terminally or chronically ill patients, but also attract many elders *in good state of health* who wish to prepare for a 'good death' in advance. This change is also attributed to the ideas of 'successful aging' (Rowe and Kahn 1987) and 'productive aging' (Butler 1975) that are increasingly accepted by the public. The general public began to consider 'being able to prepare one's own death affairs', along with other factors such as family,

1 Some examples are Ruttonjee Hospital, United Christian Hospital, Caritas Medical Centre, Tuen Mun Hospital, and Pok Oi Hospital etc.

friendship, social activities, and health as important criterion for living life to the fullest (Society for the Promotion of Hospice Care 2004). The next section discusses why EOL services are becoming important in Hong Kong in more details.

3. Social Backgrounds for the Increasing Demands for EOL Services

3.1 Population aging in Hong Kong

Similar to many developed societies, population aging in Hong Kong is mainly attributed to the decline of birthrate and the increase in longevity. Total fertility rate has gradually dropped from 3.6% in 1961 to 0.9% in 2001 and remained at the level of 1.2% until 2014, which is far below the replacement level of 2.1% and is expected to last till 2041 (Table 1). From 1991 to 2011, life span for male and female has increased from 75.2 to 80.5 and 80.7 to 86.7 respectively, and is expected to rise to 84.4 and 90.8 in 2041 (Census and Statistics Department 2012). In 2014, population of age 65 or above is approximately 2 million, which is expected to reach 2.6 million in 2041. Considering the rapid ageing society, demand for EOL services is expected to increase in the near future.

Table 1. Aging population in Hong Kong

Year	1961	1971	1981	1991	2001	2005	2011	2021	2031	2041
Ageing rate	3.2	4.5	6.6	8.7	11.2	12.1	13.4	18.9	26.5	30.3
Total fertility rate	3.55	1.97	1.93	1.28	0.93	0.96	1.20	1.19	1.19	1.15

Source: Summarized based on data from Census and Statistic Department (1969, 2002, 2012).

3.2 Decline of Cross-generational Family and Family-based Supports in Death Affairs

Decline of cross-generational family and increase of one-person/couples-only elderly households (Table 2) have weakened the traditional functions of family in Chinese cultures, according to which the younger generation are obliged to take care of sick parents/relatives and their funeral arrangements. Therefore, NGO-based EOL services may likely increase to supplement the declining roles of family.

Table 2. Household pattern in Hong Kong (2001 to 2011)

	Single (i)	Couple only (ii)	(i)+(ii)	Living With Children
2001	11.3	18.4	29.7	56.8
2006	11.6	21.2	32.8	53.5
2011	12.7	23.6	36.3	51.1

Source: Summarized based on data from Census and Statistics Department (2011)

In 2012, a documentary called *A One-man Funeral* created by Television Broadcast Limited shows how elderly people living alone were able to arrange their funeral with the help of a NGO. However, the documentary also criticizes the lack of government support for EOL services, raising public concern over the issues of elderly people 'dying alone'. The situation would only get worse when population ageing advances and the number of one-person household increases.

Hong Kong society has to face the increasing demand for EOL services.

Table 3. Number of Unclaimed Dead Body 2004 to 2009 in Hong Kong

Year	Death in hospital		Death outside hospital	Total
	Number of dead bodies (relatives refused to claim) (Type 1)	Number of dead bodies (hospitals could not contact the relatives) (Type 2)	Number of unclaimed dead bodies (handed over to public mortuaries) (Type 3)	
2004–05	147	287	290	724
2005–06	131	282	220	633
2006–07	149	240	258	647
2007–08	185	263	286	734
2008–09	225	199	247	671
Total	837	1,271	1,301	3409

Source: Hong Kong Legislative Council (2009)

In addition, according to the statistics from the Hospital Authority (Table 3), from 2004 to 2009, there were a total of 837 dead bodies whose relative refused to claim (type 1). This figure is also on the rise, suggesting the weakening family relationships in Hong Kong. Besides, the number of unclaimed death bodies because of not able to contact relatives (type 2 and 3) was also high in the same period. In fact, over half of these unclaimed bodies (both type 1, 2, and 3) belong to elderly people (Society for Community Organization 2006). It is worrying that the changing family structure and declining family relationships may further worsen the problem of unclaimed death bodies of elderly people. To accompany the elderly people in their last journey and to help with their funeral arrangements is a matter of respect and dignity for the elderly generation.

Another survey by the Society for Community Organization in 2006 found that over 80% of elderly respondents believe 'it is important to have someone to make funeral arrangements for me', but over 50% are 'worried that no one will do it for me'. Nearly 60% 'want to arrange funerals according to their own choices' but about 70% 'do not have saving for funeral' and only 10% do so. These results suggest that funeral supports are necessary for many elder people especially the underprivileged.

3.3 More Open Attitude to Death

A more open attitude to death makes people feel easier to discuss or even prepare for their last journey. In fact, changes in attitudes toward death in Hong Kong society can be observed in some studies. In a survey of 378 adults and 88 senior citizens conducted by the Faculty of Social Science (Table 4), University of Hong Kong in 2014, the general public shows a decline in the fear of death, from 4.47 in 2007 to 3.42 in 2014 on a scale of one to seven. Death avoidance among adults dropped from 4.23 in 2007 to 2.2 in 2014, and that of elders showed a significant drop from 3.1 to 1.71. The survey also found more people were likely to prepare for death than before. For instance, the number of respondents with life insurance has doubled from 36.6 percent to 70.4 percent, while those who prepared wills increased from 9.35 percent to 12.1 percent, those who planned to donate their organs rose from 11 percent to 43 percent.

Table 4. Attitudes towards Death

Traditional Beliefs	2007 (Disagree)	2014 (Disagree)
1. Talking about death brings bad luck.	89.0%	89.4%
2. Seeing a coffin or a body brings ill-fortunes.	82.4%	85.9%
3. An early or painful death is a punishment for past sins.	83.5%	84.5%
4. Recently bereaved families should not be social active	61.7%	68.5%
5. One shall not visit home where death has recently occurred	83.8%	90%
6. Elders should not attend young people's funerals.	78.7%	82.6%
7. Talking to a dying person about death will hasten death.	76.8%	86.7%
8. Dying without a son is a disgrace.	86.5%	93.5%

Source: Faculty of Social Science, University of Hong Kong (2014)

Death taboos seems to have declined in society as fewer respondents agree to traditional beliefs such as 'dying without a son is a disgrace,' 'talking to a dying person about death will hasten death', and that 'elders should not attend young people's funerals.' The changes in attitudes can be attributed to programs organized by universities and community organizations that increase public understanding and awareness of death.

One example of such efforts include the project "Empowerment Network for Adjustment to Bereavement and Loss in End-of-life (ENABLE)" founded by the Centre on Behavioral Health (CBH) of the University of Hong Kong in 2006. It educates the general public on effective death preparation as well as to promote enhanced adjustment to bereavement and loss. Until 2010, the project has promoted EOL education to around 76,000 people (Shum 2010). The project has also established the 'ENABLE Alliance' with 44 NGOs, such as Tung Wah Groups of Hospital, Caritas Hong Kong, Hong Kong Christian Service, to promote positive thinking on life-and-death issues to the local communities. Other organizations that promote life-and-death education include the Hong Kong Association of Gerontology established in 1986 and the Society for Life and Death Education established in 2006.

The promotion of life-and-death education has raised public acceptance to the discussion and even the preparation of death. Therefore, many NGOs have expanded EOL services to include elder people who are not suffering from terminal or chronical illness. To leave no regret and enjoy the last stage of life, they want to decide their own funeral, finish what they want to do, and be mentally well-prepared for the last moment of life to come.

4. Case Study: Hong Kong Caritas' Ning-An Scheme

4.1 Overview of Ning-An Scheme

Caritas Hong Kong (Caritas) is a faith-based welfare organization founded in 1953 by the Catholic Diocese of Hong Kong. It aims to offer relief and rehabilitation services to the poor and the distressed, resulting from the Second World War and subsequent social and political changes in Hong Kong and Mainland China. To respond to the social needs in different phrases of Hong Kong's history, Caritas has developed various services which include social work services, education, medical care, community development and hospitals. Nowadays, it is the most subvented faith-based NGO in Hong Kong (Social Welfare Department 2015). Caritas

operates 300 service units from about 150 locations with 5,500 full time staff and receives ongoing support from over 10,000 volunteers. The annual budget for recurrent expenditure exceeds HK$ 1.5 billion (Caritas Hong Kong 2014).

Realizing the increasing needs of EOL services for single elders, as well as open-minded elderly in good health, the organization strongly felt the needs to develop new services. In 2006, Caritas Hong Kong started a project known as Ning-An Scheme (in Chinese: 寧安計画). Ning-An, literally meaning peaceful and quiet in Chinese, highlights the goals of the project precisely, which is to offer a peaceful and comfortable journey to its users before they leave this world. In brief, the objectives of the project is to promote dignity and autonomy, and active lifestyle for the elders; help with funeral arrangements and afterlife affairs; and help single seniors fulfill their unfulfilled dreams and live a peaceful life.

There are at least four reasons for using Caritas' Ning-An Scheme as case study. Firstly, Caritas is one of the most influential religious welfare organizations in Hong Kong and have a long history of elderly services establishments. Ning-An Scheme is one of the most successful EOL services received by the elderly in Hong Kong so far. The second reason refers to the religious background of Caritas. While most EOL services providers are secular NGOs, the Catholic nature of Caritas makes it a relatively special example. It is interesting to study the characteristics of EOL services provided by faith-based NGO. Thirdly, given the fact that Caritas is one of the most successful and influential welfare organizations in Hong Kong, the number of people using its services are large. Ning-An Scheme has high potential to serve a large number of needy elderly. Last but not least, Ning-An Scheme, as well as EOL services in general, is a relatively new topic in the studies of sociology of religion in Hong Kong. A case study of Ning-An Scheme helps us understand the development of EOL service which is growing steadily in Hong Kong.

4.2 Characteristics of Ning-An Scheme

Services

Ning-An Scheme has three main objectives. Based on the idea of '(1) personal choice and autonomy', participants can choose their funeral plan from over 20 options according to their own religious beliefs, economic conditions, and personal preferences. The second one is '(2) continuous concern and death-bed care.' Social workers and volunteers visit the participants regularly to offer comfort and counselling, relieving their loneliness and accompanying them on their last journey. And finally the funeral and wills of elders are '(3) arranged attentively and carefully' by staffs.

To achieve the above three objectives, the services of Ning-An Scheme are divided into six aspects. (1) Afterlife affairs are arranged with participants, which will be implemented by staffs. The style of funeral, contacting family, friends, and relatives, identification of dead body, and handling of corpse will be carried out according to the participants' will. (2) Regular home visit and phone-call are conducted by volunteers to keep in touch with elders to provide care and concern. (3) Death-bed care is provided in the form of hospital visit, wish fulfillment, and spiritual comfort. (4) Memorial services of the deceased are conducted regularly. (5) Funeral consulting services are provided to the public. (6) Life and death education are organized to the

public to promote the idea of pre-planning funeral and afterlife affairs.

Ning-An Scheme is open to people of 60 years old or above who receive little or no supports from others, and who must also be current users of Caritas' elderly services and with referral from social workers. Therefore, the project mainly targets the large number of users of Caritas' elderly facilities, which include 14 Residential Homes for the Aged (1,639 Residents) and 16 centres for the elderly (30,234 people cared for) (Catholic Diocese of Hong Kong Homepage 2014). While the project is open to elders of different family backgrounds, households with only one-person or couples are their main concern.

Financial Expanses

Participants of Ning-An Scheme are normally required to pay a participation fee of 2,800 HK dollars to cover the administrative cost. For those who experience severe financial hardships may have their fee reduced to 500 HK dollars, which the organization believes is an appropriate amount to show the participants' 'strong determination' in taking part in the scheme. In some circumstances, the cost can be totally waived if the participants are living in poverty but desperately wish to join the program. Apart from administrative cost, additional fees are required depending on the choice of funeral arrangements and other services items. It is because the project is self-financed service and receives no government supports. It runs entirely on fees collected from users, public donations, and Cartias' own resources. Ning-An Scheme is actually one of few EOL services in Hong Kong that charges participation fee. In fact, the high administrative cost has discouraged the participation of some elder members, who instead join the EOL programs offered by other NGOs, such as TWGH, which only charge the necessary cost of funeral arrangements.

4.3 Characteristics of Ning-An Scheme Participants

Based on the statistics provided by the organization (Caritas 2015), it is possible to shed lights on some of the characteristics of Ning-An Scheme participants. In terms of the number of participants, the project has attracted 271 new participants in 2014. Adding those who joined the program in or before 2014 and are still alive, it has a cumulative number of members of 440. The organization also reported a gradual increase of participants since the project was founded in 2006, though no official statistics were made available to the author.

Age

In terms of age distribution (Table 5), among the 271 new participants who joined in 2014, 24 people are 60–69 years old, 101 are 70–79 years old, 120 are 80–89 years old, and 26 are 90 or above. Most participants are in the age group 70–79 and 80–89, implying that the demand for EOL services are relatively high for people in these age groups whose physical health is more likely to decline and awareness of death is high due to old age. People in their 60s are less interested in the scheme because they tend to be in a better state of health and less concerned about the issue of death compared with other age groups. Number of participants over 90 years old is low because of higher mortality rate of this age group.

Table 5. Age distribution of Participants (2014)

Age	Number of people
60–69	24 (8.9)
70–79	101 (37.3)
80–89	120 (44.3)
Over 90	26 (9.6)

Living Conditions, Marital Status, and Economic Conditions

While there are some variations in living conditions, marital status, and economic conditions, some important features of Ning-An participants can be identified (Table 6). For living conditions, among the 271 participants, over 50% (141) are one-person household, showing that the demand of EOL services among single elderly persons are particularly high. They usually receive little or no family supports, and joining this scheme ensures that there must be someone to arrange funeral for them. Apart from single-elderly household, 68 staying in elderly residential facilities also joined the scheme. As they tend to enjoy no or inadequate supports from family members or relatives, Ning-An Scheme becomes a better option for them concerning the arrangement of death affairs. Besides, 51 people living with family and 6 living with other elder persons also joined the scheme. Although they live with family or others, they have strong personal preferences in funeral arrangements and joining the scheme allows them to pre-plan everything by themselves.

In terms of marital status, a total of 212 (almost 60%) participants are either single, widowed, or divorced/separated. It shows that EOL services are particularly popular among single elderly persons, who have no spouse or children to take care of their death affairs. They wish to have someone 'reliable', such as social workers, to handle their funeral arrangements.

Table 6. Living conditions, marital status, and economic conditions of participants (2014)

Living conditions	Number of people	Marital status	Number of people	Economic conditions	Number of people
Single Household	141 (52.0)	Married	56 (20.7)	Receiver of SSA	215 (79.3)
Living with family	51 (18.8)	Single	99 (36.5)	Supported by family	2 (0.7)
Living with other elderly persons	6 (2.2)	Widowed	71 (26.2)	Old age allowance	5 (1.8)
Staying in elderly facilities	68 (25.1)	Divorced/separated	42 (15.5)	Others	50 (18.5)
Others	5 (1.8)	Others	3 (1.1)		

In terms of economic conditions, most participants are receivers of public assistance called Social Security Assistance (SSA), whose income and saving are considered insufficient for retirement living costs. The high proportion of SSA receivers in Ning-An Scheme represents the project is highly received by those living in poor economic conditions who wish to have their death affairs arranged with a relatively lower cost.[2] Under SSA, the standard amount of monthly assistance for single elderly household is only 3,055 HK dollars, which is much lower than the

2 Number of cases (as of February 2015): Old Age 148,811, Permanent Disability 18,232, Ill Health, 24,723, Single Parent 29,218, Low Earnings 7,416, Unemployment 18,131, Others 4,873, Total 251,404. (HK government 2015)

average monthly income of Hong Kong ($23,500 as of 2014). Even though recipients of SSA is eligible to apply for burial grant up to HK$11,180, it is still difficult for them to afford the funeral services offered by private companies. Therefore, by offering a wide range of funeral and memorial services options through coordinating with various external services providers, Ning-An Scheme can meet the different pricing criteria of users. In addition, elderly people find it more reliable to seek help from registered social workers of Ning-An Scheme and buy services from Caritas, which is non-profit and has high reputation in society.

Funeral Arrangements

The Catholic background of Caritas does not affect the variety of funeral options available to the participants of Ning-An Scheme. There are over 20 options of funeral arrangements and ways of handling bone ash. Participants can make their decision according to their religious beliefs, economic conditions, and other personal preferences. Depending on the styles, locations of columbarium, and other special requirements from the users, the price of funeral can range from a few thousand to tens of thousands of HK dollars. Most participants, however, prefer funeral plans in the low to middle range.

Table 7. Style of funeral and handling of bone ash (2014)

Style of funeral	Number of people	Bone Ash	Number of people
Catholic	25 (9%)	Government/Chinese Permanent Cemetery	79 (29%)
Protestant	22 (8%)	Catholic cemetery	21 (7%)
Taoist	35 (13%)	Private columbaria	26 (9%)
Buddhist	22 (8%)	Memorial garden	104 (38%)
No religion	167 (61%)	Burial at sea	24 (8%)
		Others	27 (10%)

Table 7 shows the style of funeral and handling of bone ash chosen by participants in 2014. Over 60 percent of participants chose not to have any religious notions in their funeral, showing a large proportion of users do not hold any religious beliefs or religious preferences in their funeral arrangements. In comparison, 25 and 22 people prefer to have Catholic and Protestant style funeral, while 35 and 22 people have chosen Taoist and Buddhist style respectively. In fact, Christian-style funeral makes up a total of 17 percent, which is similar to the Christian population (18.8 percent) in Hong Kong (WVS Hong Kong Dataset 2013). As folk Buddhism and folk Taoism are popular among the elder generation, the number of people choosing Taoist and Buddhist funeral is also relatively high.

Regarding the handling of bone ash, it may be helpful to provide some additional backgrounds. In Hong Kong, burial in government cemetery is around HKD 3,190 to 6,500. However, due to the lack of burial spaces, the corpse has to be removed after six years for cremation or replaced in columbaria. For non-government cemetery, the cost is even higher. The Chinese Permanent Cemetery, for example, charges HKD 280,000 for one permanent place or HKD 28,000 for a ten-year contract which can be renewed for HKD 20,000 per year. Due to the lack of government cemetery and high price of non-government facilities, burial in cemetery is

hardly a possible choice for the elder people who have economic difficulties. For this reason, most Ning-An Scheme users in 2014 chose to receive cremation of their dead bodies and then handle their bone ashes in a number of ways. The 2014 statistics show that memorial garden is the most popular option (38%). Disposing bone ashes in memorial garden does not charge any cost and a memorial plate with the name of the deceased can be placed in the nearby hall with a very low price (HKD 90). As users of Ning-An Scheme are usually poor and receivers of public assistance, memorial garden is the most reasonable option for them. This also reflects a certain degree of liberation from the traditions of land burial in Chinese cultures. Government/Chinese Permanent Cemetery (29%) is also chosen by many users, which is suitable for those who are more traditional, affordable, and without any religious beliefs. Besides, a small amount of people (9%) with sufficient budget chose private columbaria; those with less budget chose burial at sea (8%).

From the above statistics, it can be argued that Ning-An Scheme mainly serves the elderly people who are living alone, single, without family supports, and economically challenged. They have a higher demand for EOL services compared to other elderly groups. The ways they arrange their funeral and bone ashes also reflect the economic power, traditions, and personal choice of users. From the abandonment of land burial in cemetery, and popularity of memorial garden and burial at sea, it also suggests there is a certain level of liberation from traditional forms of burial among elder users.

4.4 Case Study of Mr. and Mrs. Chan

Since they joined the scheme, Mr. and Mrs. Chan (pseudonym) have received counseling by social workers regularly, and volunteer helpers recruited from the public and Catholic Church visit their home and offer supports. The main concern of the couples-funeral is also prearranged with the help of staffs. Besides, the couples were born in Macau, but they have never returned there since they moved to Hong Kong. They would feel regret if they were unable to visit their homeland again. However, given their old age, economic conditions, and lack of family supports, it was difficult for them to go travelling alone. Realizing their concern, Caritas arranged a day trip to Macau for them. Caritas covered all the travel expenses for the old couples due to their economic conditions. It also arranged volunteers to accompany them throughout the trip to ensure their safety and offer suitable assistance. The couples highly appreciated the supports and care from Caritas' staffs and volunteers.

This case shows a number of features of Ning-An Scheme. First, it attempts to cater to the different needs of elderly people, from funeral arrangements, counseling, to fulfilling their last wish. It does not function only as a 'funeral organizer', but actually respond to the difficulties and wishes expressed by elderly people, at different stages of their life, by offering suitable financial (e.g. travel expenses) and social supports (i.e. volunteers) when necessary. These resources are especially important for elderly people who lack family supports like the old couples. Besides, regular exchanges between staffs/volunteers and users also characterize the concept of 'accompanying', which emphasizes developing a long-term relationship with the users, but not 'providing services' to clients on a one-time basis.

Ning-An scheme also shows high involvement of volunteers. Due to financial constraint, Ning-An Scheme does not have many full-time staffs. The Catholic memberships provide a large

amount of volunteer resources to supplement the daily operation of the scheme. For instance, many daily contacts with elder users, such as home visit, phone visit, short trips, are largely conducted by volunteers. In this sense, faith-based organizations have arguably higher potential to further promote EOL services as religious communities and beliefs in altruism can easily mobilize and motivate their believers into volunteerism.

5. Conclusion

EOL services are becoming increasingly important in Hong Kong as the population is becoming older and the traditional role of family in supporting elder people is weakened with the increase of one-person household. Besides, the idea of preparation for 'a good death' is more accepted by the public as society is gradually liberated from the taboo of death.

The case study of Caritas' Ning-An Scheme shows that EOL services are particularly significant to one-person and couple-only households who receive no or inadequate supports from family members. The availability of cheap funeral options is also attractive for low-income elderly household (i.e. recipients of Social Security Allowance) who usually cannot afford private funeral services. Supports for funeral arrangements and wish fulfillment, as well as the social and emotional assistance from staffs/volunteers have positive influences on the well-being of elderly people.

In fact, the case study also suggests that faith-based organizations can play a more active role in providing EOL services as they have a large amount of human resources in the form of religious volunteers. As EOL services should emphasize a long-term relationships with the elder users through regular visits and even daily contacts, it causes extremely high pressure on the workload of social workers and operational costs. Volunteers can become important resources for supporting and supplementing the services, who also gain a sense of achievement through helping the others.

While the advantages of EOL services are increasingly recognized by the public, there are still some obstacles hindering the services from further expanding. Firstly, one-person households, who are the neediest group of EOL services, are not necessarily socially active. Some are reluctant to seek help and stay at home as shut-in because they feel marginalized by society. Reaching out this group of people may be difficult but very important. Secondly, death remains to be a taboo for some old people and they may not find it necessary to use EOL services. Therefore, services providers should respect the personal choice of the elderly and avoid imposing too much pressure on them. Lastly, many existing EOL services are still focusing on palliative care of patients. It may be necessary, in the long-term, to allocate more resources to diversify EOL services to cater to the needs of the healthy and socially active elderly population.

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