



Care for the Body and of the Spirit

Haven of Hope Christian Service:
Helping the Elderly, Sick and
Handicapped of Hong Kong

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The case of Haven of Hope Christian Service tells how a faith-based organization can stay true to its founding mission and values while responding to the tremendous growth of the community it serves. It tells how committed leaders, managers and staff integrate medical and social services to help comfort people in need, physically and spiritually.

In the beginning, there were the missionaries, and what they created in Hong Kong six decades ago in the wake of war and revolution. The “nutrition station” they opened in a shanty built from bamboo and hay was surrounded by the huts of mainland refugees in a barren valley of the mountainous New Territories of the suddenly crowded and uneasy British colony.

Its government had huddled 6,800 defeated officials, fighters and partisans of the Nationalist Party there, with the intention of repatriating them to Taiwan, but that never happened and conditions in the squatter settlement deteriorated.

Many refugees began to suffer from tuberculosis and other diseases caused by poor sanitation and overcrowding. Several



High-rise Tseung Kwan O, as seen from a balcony of the Haven of Hope Sister Annie Skau Holistic Care Center.



The final scene at the Holistic Care Center: a serene room for a last viewing.

missionaries began to help, including a Norwegian nun, Sister Annie Skau. Uncertain about their future after the Communist Party came to power in 1949 and after tensions also rose on the Korean peninsula, she and others also had fled to Hong Kong. At first, they tended to their nutrition station patients on a consulting table made of stone.

Sister Annie, as she was known, was imposing, physically and spiritually. At 196 cm (six-foot-five), she was probably the tallest woman most in the settlement had ever seen, and she quoted from the Bible at length. A passage she often quoted told how a person “shall see the fruit of the travail of his soul and be satisfied.”

Finding satisfaction for the travails of souls is the essential purpose of what has become since the days of the nutrition station a major, distinctly different type of faith-based charity in Hong Kong and one of a few non-profit organizations that emphasizes integrated medical and social services. With a staff of 2,137, it provides help many people would have a difficult time finding anywhere else.

The integration of services occurs at a hospital, an elderly nursing home, a school for the severely mentally disabled and at many medical and rehabilitation clinics and community centers located mainly in Tseung Kwan O, a vast stand of high-rise towers constructed on land once partially occupied by Sister Annie and the squatters. Today, it is home to 370,000 people, many low-income, and many who seek multiple forms of care, including that of the spirit.

Tseung Kwan O was built in stages over nearly three decades, an evolution that required the organization that serves it to evolve and learn how to adapt and respond to its changing needs. That led to a culture of innovation, supported by a board of directors with expertise in many areas; it also developed a governmental relationship that allowed it to expand services but retain its autonomy.

Several of the organization’s operations are known by different names, but all belong to the same temple: Haven of Hope Christian Service, or, for short, Haven.

Haven’s board members, executives, managers and many of its front-line staff speak reverentially of Sister Annie, of their devotion to values rooted in Christian verse and of their motivation to demonstrate to the people they help, counsel and pray for that “With Love, We Serve and Care.”

All of Haven’s 23 board members are devout Christians, and its Chief Executive Officer, Dr. Lam Ching Choi, said one of the board’s two main roles is to provide “a spiritual connection between the organization and God.”

Dr. Lam was one of many at Haven of Hope Christian Service interviewed for this case study. They included Dr. Antony Leung, who conceived one of Haven’s major initiatives and led it to fruition. “When patients are ill or disfigured, they still have eternal value in God’s eyes, and we must care for and respect them,” he said.

Dr. Albert Chan became part of Dr. Leung’s initiative, to create a center for palliative, or end-of-life care for patients with no chance of surviving what hurts them. Frequently, it falls to him to

comfort patients as he informs them they have only months, weeks or sometimes days to live. “It is obvious we have a Christian mission to do this,” he said. “This is not just a place to work.”

The palliative care center Dr. Leung pioneered was the latest milestone in Haven’s path over the years. The first came in 1955, only two years after the nutrition center opened. After the missionaries’ work prompted local and overseas donations, Sister Annie oversaw construction of a tuberculosis sanatorium and nursing school on a hilltop overlooking the squatter settlement strewn beside a cove known as Junk Bay. The sanatorium had beds for 300 patients and the capacity to train 85 nurses.

Another major milestone came in the 1970s, before the towers of Tseung Kwan O began to rise. As tuberculosis waned, a decision was made to convert the sanatorium into a full-service hospital.

Haven of Hope Hospital opened in 1976. In large black Chinese characters, these words marched across a white wall of its administration building, announcing to all who passed by: “He shall see the fruit of the travail of his soul and be satisfied.”

DIFFERENCES AND BEGINNINGS

Today, Haven of Hope Christian Service’s integration of medical and social services occurs at 46 locations, and has so far benefited about 100,000 people. It employs doctors, nurses, occupational therapists, physical therapists, social workers and personal care workers. Many reverends lead regularly scheduled services at its facilities, which often include chapels.

Medically, it focuses on chronic disease and mental or physical disability rather than acute illness. It also focuses on mental and spiritual counseling, and operates many different home-based and community-based programs aimed at the elderly and mentally challenged people.

Haven’s approach and philosophy remain rooted in the beliefs of Sister Annie, who “saw the need of not only providing medical care, but also psychological and physical care” for the people it serves, said Dr. Lam, Haven’s CEO.

Haven also is different in fundamental ways from the many other faith-based organizations offering services in Hong Kong. Although it participates in joint programs with churches and religious organizations, it is not part of a congregation and it is not affiliated with any other Christian religious group, such as Protestants, Catholics and Lutherans. The Protestant and Catholic communities in Hong Kong are very large and focus heavily on education, but also offer medical and social services.

“It is fair to say that no church or any other organization has vested interests in (Haven),” said Dr. Lam.

Faith at Haven of Hope Christian Service becomes a matter of what humanistic and spiritual values its leaders, management and many of its staff take away from Christian scripture and how they follow and speak of them in their everyday lives.

Silvia Ng, who manages an elderly center, joined Haven in 2011 after reading about a woman who told her daughter to give what little money she had to Haven after her death. “That was very touching,” Ng said. “People here treat people just as Jesus would.”

Like its board members, Haven’s managers are devout Christians. While the board is Haven’s gatekeeper to the Christian faith, the managers are responsible for integrating it where they can into services and policies. New managers and staff attend orientation sessions to learn about Haven’s faith-based values and history.

Many people who come to Haven’s centers and clinics seeking help or even just companionship are Christian. They are grateful when staff members offer them their prayers. Others who come belong to other faiths, or are Buddhists, who appreciate offers of prayers and accept them without changing fundamental beliefs. Others simply say, no thanks. Sometimes, near the end of life, someone might ask to be baptized.

Haven doesn’t force anyone to change, said Mary Yu, who manages Haven of Hope Community Rehabilitation Centre. Rather, she added, the hope is to enable them to live fruitful lives.

Life kept changing for Haven in the late 1950s and early 1960s, after lives in the squatter settlement improved to the point it became its own little village, known as Rennie's Mill. The name came from a Canadian man, Alfred Rennie, who committed suicide in 1908 by drowning himself in Junk Bay's otherwise placid waters after a mill he founded for grinding grain into flour quickly failed. Junk Bay Medical Relief Council, as Haven of Hope Christian Service, was then known, began treating the village's residents for many ailments besides tuberculosis.

In the early 1970s, with tuberculosis becoming a disease of the past, Junk Bay Medical Relief Council used newly available space in the TB sanatorium to begin offering more services, including lab tests, X-rays and dental care. It also opened an elderly care center. "The development of an organization goes hand in hand with the development of the local community," said Philip Wong, head of Haven's Staff Engagement Department.

The expansion was substantially aided by government funding – 50% of Junk Bay's operating costs. The government was already partners with many charities around Hong Kong. Their employees were often more experienced, less expensive and, in the case of faith-based organizations, often more committed.

In 1976, the TB sanatorium was renamed the Haven of Hope Hospital, which the government began to fully subsidize. This enabled the organization to move some of its own resources into a new field of service. It converted Sunnyside Child Care Center, originally a temporary home for children of TB patients, into Sunnyside School, a 24-hour care center for severely mentally and handicapped children.

By changing its name, even though it was staying where it was, Haven was moving beyond the village of Rennie's Mill. To the annoyance of the mainland government, the politics of Rennie's Mill were still what they were when it was a squalid squatter's camp – strongly pro-Nationalist Party. Over time, however, as more and more people moved into the area, the village became part of a town known as Tiu Keng Leng, which is what the



Man Pong On, retired from the printing industry, is an elderly community center regular.

area was known long before the Canadian miller came along. Rennie's Mill was ground into the past.

In the late 1970s, with its hospital fully funded, Haven continued to diversify services. It expanded its rehabilitation and community health services. It also began offering special services to patients in the last stages of cancer. New leaders were in charge by then. Sister Annie was forced to cut back on her hours because of a heart ailment, but would still go on to write three books about her experiences, including "Lovely on the Mountains." In 1975, *Time* magazine named her one of the world's living saints, along with a missionary in India known as Mother Teresa.

During the 1970s, Hong Kong built the first three of what were to become nine very large self-contained communities – known as New Towns – along and amid the ridges and valleys of the New Territories, partly to cope with another wave of mainland refugees seeking to escape the violence of the Cultural Revolution. They also were designed to take pressure off of urban Hong Kong Island and the third geographical region that comprises Hong Kong: Kowloon. Kowloon is on the northern side of Hong Kong Island, across narrow and deep Victoria Harbor. It is the gateway to the New Territories.

In 1983, the Hong Kong government announced it would build three more New Towns. One would

include the community of Tiu Keng Leng and be known as Tseung Kwan O, which, in Cantonese, means “General’s Bay.” Its projected population was 450,000, meaning it would be home to three out of every 10 people in Hong Kong by its projected completion in 2013.

The daunting numbers took adapting to change to a whole new level. And, according to Dr. Lam, it came with challenges that could be boiled down to two. The first was how Haven could maintain its family-style service delivery; the second was how, amid such change, it could retain its faith-based values.

The solution to both challenges came from the same place, Haven’s board of directors, and this is where the organization is also different from other groups in fundamental ways. The 23 members of the board are all strong inheritors of Sister Annie’s legacy. They have their choice of sitting on nine committees that administer Haven’s four areas of service: spiritual care and care for the elderly, sick and disabled.

The board, an amalgam of doctors, lawyers, accountants, social workers and other professionals, is a major reason why Haven, in a way, is a learning organization. Board members with expertise in a particular field advise frontline managers. They meet regularly to discuss the performance of Haven’s overall operations. The board’s makeup changes every three years through a nominating process and elections, but members can stand for reelection as many times as they want.

Over the years, board members have built social and political ties with other groups in Tseung Kwan O and with leaders of communities beyond it. Tseung Kwan O lies in Sai Kung, one of 18 administrative regions in Hong Kong known as District Councils, which organize community events and advise the government on how to spend its money locally. From 2000 to 2007, Dr. Lam served as an appointed member of Sai Kung District Council.

As the towers in Tseung Kwan O kept rising and as Haven’s services kept evolving and expanding,

the board also sought to ensure its management, without an employment litmus test, emphasized to its growing staff the importance of Haven’s legacy and faith-based values.

Aligning staff with values did become an issue at Haven of Hope Hospital, after it and other hospitals founded by non-governmental organizations became part of the public hospital network known as the Hospital Authority (HA) and in the process surrendered administrative control. Because they were hired through a centralized government system, it was natural for HA employees to identify more with the HA than with Haven, and so the spiritual aspect of care diminished sharply.

The business sense of the board also proved valuable in 2001, when the Hong Kong government began changing the way it subsidized its social service partners – from reimbursing their actual costs of providing services to giving them lump-sum grants intended to allow greater control over how to spend the money.

On the surface, the funding change seemed a good idea, but the Haven board, with its doctors, lawyers and accountants, “saw potential problems,” said Kai-Man Wong, a board member and its treasurer.

The potential problems revolved around the sophistication non-profits would now need to demonstrate in their budgeting, governance and auditing. The funding change made it vital that applications for lump-sum grants and any subsequent increases be justified by evidence. Haven’s board members managed the change.

One more of the board’s attributes is to invest in its people and their ideas. In 2003, Dr. Antony Leung, an internist and academic who had become Chief Executive of the Haven of Hope Hospital came to the board with a proposal: let’s find a way to show how people can die with dignity.

MIND, BODY AND SPIRIT

Dying with dignity is hard to do in Hong Kong. Dr. Leung well knew this when he spoke to his board. As the top executive of Haven of Hope Hospital, he

had learned a lot about the public hospital network and the medical landscape of Hong Kong. He knew most terminally ill die in public hospitals, with little privacy, where visiting hours are restricted, and where doctors and nurses have limited time to offer personal attention to them or their grieving families.

The end often begins in a public hospital emergency room, as was evident in a visit one night to Queen Mary Hospital on Hong Kong Island. Queen Mary is one of the Hospital Authority's largest hospitals, a busy but quality institution that is the teaching hospital of the University of Hong Kong Medical School. Over several hours, emergency medical technicians brought several elderly patients into the room on gurneys. The patients lay on their backs, staring somewhere, appearing gravely ill. They were then moved to a rear area of the room and placed on beds and attached to drains and tubes.

Their families had called ambulances to bring them to the emergency room so that after a time they could be assigned to a regular hospital bed, where in their waning days not much could be done other than make their passing less painful. Sometimes, families go through this process more than once because waning days sometimes become weeks. If patients linger too long, they will at some point be discharged to make room for other patients.

Most Hong Kong families have no alternatives to this wheel of misfortune. Most residential care centers are not set up for end-of-life care. Few doctors will come to homes to treat patients, and even if they did, most families do not have the space or money to equip homes for treatment. One final indignity is that if they choose to let loved ones die at home, then within 24 hours they must fill out a form telling the authorities about it, assuming they can get a doctor to state on the form that the patient had been diagnosed as terminally ill at least 14 days prior to death.

"In Hong Kong, the patient who wants end-of-life care just has no place to go," said Dr. Leung.

What Dr. Leung proposed became the Haven of Hope Holistic Care Center, a place to care for the mind, body and spirit of the terminally ill. It was

to be a "social enterprise," a program that raises revenue from operations rather than government grants or donations. Haven's first social enterprise, a nursing home for the elderly, achieved that goal; the Holistic Care Center continues to rely on donations for about 15% of expenses, down from 30% when it opened in 2006 next to Haven of Hope Hospital. Dr. Leung, who resigned that year to become the center's medical superintendent, hopes reliance on donations will soon be reduced to a single-digit percentage.

While the board supported Dr. Leung's proposal, as did Dr. Lam, the Haven CEO, other colleagues in the medical industry told Dr. Leung a center based on holistic principles and social-enterprise model was an impossible idea. The Hospital Authority lacked the resources to provide a separate facility dedicated to such care. Private hospitals would not establish one because they could not make enough money from it.

"The money in private hospitals comes from all the high-tech equipment for this or that test, the scans, the medications," Dr. Leung said, while most of the Holistic Care Center's revenue comes from simple room charges. "People in the private sector told me this would be closed; it simply cannot survive."

When it opened, the care center had only 50 beds. Obviously, Dr. Leung said, these barely make a dent in what Hong Kong needs, but the center is a model for other groups, faith-based or not, to follow.

The center's atmosphere is warm, full of spirit, and concern for the mind and body. It begins on the rooftop garden, where white benches and swings and winding paths and reflecting pools invite patients to sit and talk and walk and visit with one another, friends and family. A red, green and yellow double-slide from a children's playground seems at first incongruous, until Dr. Leung explains, as he escorts visitors around, how much patients enjoy seeing their visiting grandchildren scream down the slides.

One patient floor is known as the Hall of Embrace. Another is the Hall of Peace. In an art

therapy room, patients can paint or draw or play musical instruments. In another room, they can ride stationary bikes or exercise with other equipment. “It is for self-rehabilitation, to give them some sense of autonomy and dignity because it is important they try to maintain that as long as possible,” Dr. Leung says.

At the other end of the hallway, a door opens into a serene golden chapel. A large cross looms on the wall behind a lectern for a minister who will in most cases lead a service for someone who has recently died. The chapel contains only one painting. When a visitor goes to take a closer look, Dr. Leung says, “‘The Last Supper,’ da Vinci.”

At the other end of the hallway is the Paradise of Love, the room where family members gather to mourn when a loved one dies. Across one wall runs a painting of a wooded and curving lane, in shades of green and brown. The lane navigates a corner of the room onto another wall before exiting the Paradise of Love, turning left and winding on down a hall opposite a mortuary where patients who die are brought on gurneys that do not pass by the rooms of patients still living.

The mortuary, the Paradise of Hope, contains eight tall, stainless steel cabinets. Each has four drawers for storing the bodies of patients awaiting services and burial or cremation. Once a body goes into a drawer, a flower is placed in the drawer’s handle. On this day, there are eight flowers.

Inside a nearby conference room, a man who says it is okay to call him Uncle Li, talks about his late wife, the center’s first patient, who died there in 2006 at age 67 of colon cancer. Uncle Li, a carpenter born on the mainland, said his wife was in and out of public hospitals for treatment, but kept getting discharged because she wasn’t dead yet, even though she was terminally ill.

“I didn’t know what to do, I didn’t know how to help her,” he says.

A social worker told him about the new Holistic Care Center being developed, and soon his wife was there, in a hilltop room overlooking what was now Tiu Keng Leng, part of the New Town of

Tseung Kwan O. Uncle Li’s two sons, two daughters and his two grandchildren spent a lot of time with her there. She had 24-hour care and they, like all families, were encouraged to visit from 9 a.m. to 9 p.m.

“We got to say goodbye,” Uncle Li says.

Dr. Albert Chan comes into the conference room. He attends to patients in medical, personal and spiritual ways, and counsels their families on how to deal with grief. He sounds like a person someone coming to terms with the end would want at their bedside as he describes his role and the mission of the center:

“I am a doctor of medicine, but I help as a friend and become a member of the family. We are fortunate to have this place – we have the space to sit and talk and listen and give dignity and try to relieve their agony.”

A couple weeks after Dr. Leung’s tour, Haven of Hope Christian Service made an announcement. In another example of integrated medical and social services, it would merge its new Holistic Care Center with a rehabilitation and long-term care center it had run for a long time for frail elders. It would have 124 beds, including 10 “relief and charity” beds



Chow Mei Lo began coming to the elderly community center after losing her husband.

with the goal of serving 50 more needy families in a year. The new center had a long name: Haven of Hope Sister Annie Skau Holistic Care Center.

GENERATION INTEGRATION

Hong Kong is growing older, fast. Over the last two decades, the percentage of its population 65 or older has more than doubled, to about 14%. Meanwhile, its fertility rate has decreased more than half. The result: one of seven people in Hong Kong is now 65 or older.

Hong Kong people are also living longer, thanks to advances in medical and nutritional science and greater emphasis on healthy lifestyles. The average life expectancy for men in Hong Kong is now 81 years. For women, it is 86 years, one of the longest in the world. The government projects that by 2041, one in three people in Hong Kong will be 65 or older, and men will live to 85 and women to 91.

The present and future snapshots of the 65-and-over demographic pose an obvious challenge beyond developing resources such as holistic health care for the frail or the terminally ill. Most elderly people remain healthy, energetic and self-reliant deep into the later stages of life, but many will need non-palliative medical, social and psychological services for longer periods than previous generations.

This is where charities that have focused on elderly care for a long time, such as Haven, are going to become more important than they already are. They will be forced to keep learning and adapting. The Hong Kong government now spends about US\$799 million on social welfare benefits for the elderly, about 11% of its spending on welfare of all types.

Some traditions and realities of life for the elderly in Hong Kong are different from other first-world places and these can complicate matters, said Kai-Man Wong, the Haven board member.

Traditionally, most Hong Kong elderly who have family in Hong Kong do not want to live in elderly care centers or retirement homes. They want to stay with their families. But traditionally, Hong Kong people work longer days than workers in many

other societies, and once commuting time is added on, they may have only a few hours of rest at home before it's lights out and the next day begins.

This conflict between tradition and reality puts the elderly in a squeeze. "With Hong Kong's busy way of life, the elderly are often neglected," Wong said.

To complicate matters further, because limited land makes the cost of ordinary housing exorbitant even for upper income people, flats for middle income people in Hong Kong are small, and much smaller for low income families, with two, three or even four people living in spaces of about 18.6 square meters (about 200 square feet), and that's counting the kitchen, bathroom and closets.

People get on each other's nerves, and it's a wonder they don't more often than they do, a testament to the strong traditions that do unite most Hong Kong families.

The number of elderly living in Tseung Kwan O is not as large as it is in 11 of the other 18 District Councils of Hong Kong, but its concrete towers of small flats still house about 10,000 more elderly than young children. The gap will grow if Tseung Kwan O's current population of 370,000 ever grows to the projected number of 450,000.

The gap is one reason why, on a recent day, young children from a kindergarten a couple doors from the Haven of Hope District Elderly Community Centre in Tseung Kwan O, parades into the center carrying small clay pots with newly sprouted violet and orange flowers. Giggling and singing, they walk through small rows of elderly sitting in an area where the elderly normally watch TV together, and hand each a pot.

The elderly smile and laugh. The children smile and laugh, and they all pose as teachers and social workers pull out their smartphones.

"It's called generation integration," says Silvia Ng, a social worker who manages the community centre on the ground floor of Ming Wik House in Kin Ming Estate, one of few in Tseung Kwan O built on the exact land where the Rennie's Mill squatters once coped, as opposed to on land reclaimed from Junk Bay.

“Some kids don’t have elderly living at home,” Ng adds. “Even if they do have elderly at home, here it is different, they may not treat them the same way. Here, they learn how to mingle. They are full of energy and the elderly can feel their energy.”

Some of the elderly come to Haven’s Kin Ming Center because they want to watch TV together rather than at home, alone. But they also come for many other activities – to read books regularly replaced with selections from a local library; to play cards and games; to learn how to fill out official forms; to get information about transportation, education and medication; or just to talk.

A woman known as Meilo, who felt lonely a few years back after her husband died, first came to the center because she wanted to learn about tai chi, which is believed to improve psychological health, particularly for the elderly.

Meilo, who is 70, is sitting in the center’s main hall, which also serves as a chapel, with two others who use the center frequently. One is a man known as On, 66, who used to work in the printing industry. He visits to find answers to everyday questions about navigating elderly life in Hong Kong. He, like Meilo, is not religious. “I feel no pressure,” he says.

On and Meilo are joined by a man known as Paul, 76, who spent much of his working life as an engineer on freighters sailing forth to England and back to Hong Kong. On was a Buddhist who became a Christian two years ago. “I became a Christian not because of the services here, but because Christianity focuses on brotherhood.”

After learning about tai chi, Meilo, a mainland teacher before coming to Hong Kong in 1986, began utilizing the center in many ways. She also became one of its volunteers and helps its staff tutor elderly in the initial stages of cognitive loss.

Ng, the social worker who manages the center, leads visitors out of the main hall and on a tour of the center’s facilities. Two women are seated at a table hunched over a game in which players accumulate points by forming different colored rows of numbers from plastic tiles. They don’t look up to see what’s going on as Ng and the visitors pass by.

The game is called Rummikuba, which combines elements of two games of Chinese origin, mahjong and dominoes. The game has many rules, but it requires of a successful player two key cognitive skills: focus and memory.

LESSONS AND CHALLENGES

A key lesson of Haven of Hope Christian Service is that non-profit organizations can stay true to a founder’s vision while also learning how to adapt to dramatic changes in the community it serves. This is why it remains able to offer services that sometimes people cannot find anywhere else.

Other key lessons exist, but a Hong Kong mother wants to interject for a moment and tell what integrated services meant in the case of her daughter, left for dead after an automobile accident 14 years ago in the United States, where she was a high-achieving student at a university in California. She wanted to become a doctor.

Doctors did not expect her to emerge from her coma. After 14 days, she opened her eyes, but could not do anything else, such as respond to movement of light. Thus began her new life, one of many different hospitals and rehabilitation centers in the U.S., mainland China and Hong Kong over the next nine years. She gained limited ability to move limbs and to speak words, but fell into a deep depression that caused her family great distress.

A friend urged the mother to take her daughter to a rehabilitation clinic Haven operates with Hospital Authority funding. In addition to physical therapy, it offers psychological, social and spiritual support – integrated services. The daughter began twice-a-week therapy sessions, and has come a long way back from where she was.

“She is getting happier because they’re correcting things that weren’t working,” the mother says as her daughter, sitting in a wheelchair, listens to her mother tell her story. The daughter will not make it all the way back. She suffered permanent physical and cerebral damage, but her mother attributes her improvement to an environment she could not find anywhere else.

Another Haven lesson is about innovation and the culture of innovation that organizations develop and how innovation can occur incrementally rather than through some big new idea. Many organizations seek to be innovative, but the non-profit world is also replete with stories of “pilot programs” that never fly. Haven’s innovation is grounded in the service areas it knows and in the ways it anticipates and adapts to change – how it evolves and learns.

Haven’s board and management foster that evolution by lending their own expertise and by listening to people, particularly their own. “The staff come from all sorts of places,” said Chak-Sum Yeoh, Haven’s chief operating officer until he retired in April 2014. “For those who truly have a heart to serve others, they will see needs and think of ways to serve others.”

Earlier in this study, Dr. Lam described one of two of the Haven board of directors’ main roles – providing a spiritual connection between the organization and God. The second is more down to earth – connecting Haven with the expectations and needs of the society it serves.

With that observation, he is partly talking about what drives innovation – but also another lesson from Haven: the difference a talented and engaged board can have on a charity’s success. With its structure, 23 members, standing for election every three years, each member with specific oversight responsibilities, and each strongly committed to the same vision, mission and values, Haven’s board is a model for all NGOs, faith-based or not.

Haven of Hope Christian Service confronts several challenges. One is sorting out the balance it wants to strike between continuing programs with the government that provide 50% of the cost of services and developing its own self-financed programs, such as the Holistic Care Center. Its own programs increase autonomy, but may strain resources and make it harder to serve very many low-income people.

An aging Hong Kong is going to complicate that challenge; inevitably, it will lead to expanded ser-

vices and new programs, self-financed or not. More services and programs are going to cause new internal management and communication issues. But finding enough qualified people to fill jobs will be the biggest issue.


Many people employed by Haven are highly educated and trained, and finding people equal to their ability to meet expansion or to replace them as they retire or move to higher-paying positions, is going to be hard. This will be a challenge for all NGOs – competing with private institutions for qualified people. One possible solution, raising salaries, raises service costs – another balance to be found.

The person-power issue will be more challenging at Haven than elsewhere. While it does not measure new staff by the depth of their faith, it wants them to understand and appreciate its legacy and its faith-oriented context.

Haven is blessed to have the type of managers and staff encountered during visits to its facilities, genuine people who clearly meant what they had to say, but as they and Hong Kong grow older, Haven will have to find more like them – people drawn to the mission in order to keep its faith-oriented context its dominant theme.

That is a big challenge. In Sister Annie’s time, the solution might have been simpler to come by.

All of which brings this case to a conclusion, to a daughter, who 14 years ago, while a university student in the U.S. preparing for medical school, was damaged in forever ways in an automobile accident. Now, sitting in a wheelchair in a Haven of Hope rehabilitation center, the daughter demonstrates she is able to speak more words than her mother ever imagined. Asked what she hopes for most, she says:

“I want to walk again. I want to go back to school. I want to work in a hospital. I want to be a doctor.” 

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QUANTITATIVE INDICATORS

Financial

Planned budget versus actual expenditure for the fiscal year	Haven of Hope Christian Service (excluding hospital sub-vented service): * the data is not disclosed; actual expenditure: HKD 425 million in 2012-2013 (or approx. USD 55 million) Current exchange rate: 1 USD = 7.75 HKD
Income composition by source: Individuals, corporations, events, trusts, other (please specify)	Haven of Hope Christian Service (excluding hospital sub-vented service): Government subventions for operations, 51%; operation income, 35%; fundraising and donation, 6%; grants and donations for capital projects, 5%; investment and other income: 3%
Income composition: domestic versus international	Domestic: 100%
Did you achieve cost recovery? Yes/No	Yes Net income: HKD 449 million Cost: HKD 425 million Cost recovery: $(449/425) \times 100 = 106.65$

Personnel

Staff retention rate (number of employees who remained during the year, divided by the total number of employees, multiplied by 100)	The data is not disclosed; however, staff increased from 1,877 to 2,137 (approx. 14%), from years 2011/12 to 2012/13; also, increase in staff by profession, namely client services and support staff, professional staff, clerical staff, and managerial/executive staff
Turnover rate (number of employees who left during the year, divided by the total number of employees, multiplied by 100)	The data is not disclosed; however, staff number has increased from 1,877 to 2,137 (approx. 14%), from the year 2011/12 to 2012/13. Also, a general increase is observed in the number of staff by profession, namely client services and support staff, professional staff, clerical staff, and managerial/executive staff.
What is the board composition?	Men: 78.3%; women: 21.7%
Board member occupational sectors?	Business, 6; engineering, 6; medicine, 3; education, 3; other, 5
Frequency of meetings	32 x year
How many employed staff?	2,137
How many staff members have attended non-profit or management training course?	160 staff attended management training courses offered by staff engagement department in year 2012-2013

Quantitative Indicators Continued

Organizational

Do you publish an annual report?	Yes
How many sites/locations do you operate in?	46 sites
Do you measure results? Yes/No	Yes, the results measurement indicators are: <ul style="list-style-type: none"> • Number of people or beneficiaries served • Number of service hours • Number of programs organized • Clients' satisfaction survey
Do you measure activities? Yes/No	Yes, in the following categories: <ul style="list-style-type: none"> • Evangelism • Spiritual care • Elderly care • Rehabilitation • Health care • Community care • Training and capacity building
Do you measure impacts? Yes/No	Yes, the impacts measurement indicator is: <ul style="list-style-type: none"> • Number of people who accepted Christ as their saviour • Number of people baptized • Number of pilot programs developed into mainstream programs supported by government and other funding agencies
What types of outreach do you use (e.g. radio, print, postal, community bulletin boards, social media or others)	<ul style="list-style-type: none"> • Radio • Print • Community and service centres • School outreach
Do you regularly meet with government representatives?	Yes, due to government subvention for operation and iprovision of medical services. In addition, CEO also sits on various related advisory committee in government.
If yes, on a scale of 1 - 3, how close is the relationship with government? 1 = not close; 2 = somewhat close; 3 = very close;	Closeness of relationship = 3.