

For discussion on  
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## **LEGISLATIVE COUNCIL PANEL ON WELFARE SERVICES**

### **Social Welfare Department's Work Relating To The Prevention Of The Spread Of Severe Acute Respiratory Syndrome**

#### **PURPOSE**

This paper reports to Members the work of the Social Welfare Department (SWD) relating to the prevention of the spread of Severe Acute Respiratory Syndrome (SARS).

#### **BACKGROUND**

2. SWD has participated actively and extensively in various aspects of work relating to SARS, ranging from promoting environmental hygiene in the welfare services units to offering assistance to individuals and families directly affected by SARS. Such actions in the Department are directed personally by the Director of Social Welfare (DSW) accountable to the Secretary for Health, Welfare and Food (SHWF). We have also kept the public informed of the Department's work and efforts through DSW's attendance at press conferences held by SHWF and the Director of Health (D of Health), press briefing by DSW and regular updating on the SWD homepage. SWD's major involvement in the various areas are described in the paragraphs below.

## **GENERAL PREVENTIVE MEASURES : PROMOTION OF ENVIRONMENTAL AND PERSONAL HYGIENE**

### **Issue of Guidelines**

3. At the very outset, with the advice and input of the D of Health, SWD has drawn up different sets of guidelines to promote environmental hygiene and to advise on contingency arrangements in case they have an infected case. These guidelines have been updated as necessary and are widely distributed to all service units. They are also posted on the SWD homepage for reference by all.

### **Support for vulnerable groups**

4. To assist vulnerable groups to take precautionary measures to prevent the spread of SARS, free face masks have been distributed to them at various services units of SWD since mid-March. As at end April 2003, over 1 000 000 face masks (surgical masks) had been distributed, among which 330 000 were pre-packed in packs-of-ten-pieces and distributed freely to customers visiting SWD's social security field units; over 430 000 were distributed to elders through outreaching concern visits and some 250 000 to other vulnerable groups visiting SWD services units. Currently, over 1 300 000 additional face masks have been procured and would continue to be distributed to needy families and individuals through the various channels. As a further help, we have obtained approval from the Treasury Branch of the Financial Services and the Treasury Bureau for SWD not to adjust Comprehensive Social Security Assistance (CSSA) payments as a result of the rates/water/sewage charges concession announced in the SARS related relief package. This is an exceptional measure and will mean that CSSA recipients may retain an estimated \$58 million for alternative use.

5. The above efforts by the Department are fully complemented by numerous district efforts in which District Social Welfare Offices (DSWOs) are mobilizing community resources to organize further distribution and concern visits. These DSWOs have fully co-operated with District Councils and many local organisations. As at end April 2003, some 26 000 and 8 000 outreaching visits have been paid respectively to 34 000 elders and 13 000 other vulnerable groups by 1 900 staff from SWD and non-governmental organisations (NGOs), and 4 400 volunteers. Community support in donations of millions of face masks and

cleansing material, as well as cash amounting to \$840,000 have also been received and distributed in the districts to address the needs of these vulnerable groups.

### **Support to service operators**

6. The Department has procured 200 000 child-size face masks for distribution to Child Care Centres (CCC) for use by children. We have also ordered more than 4 000 ear thermometers with 2 000 000 disposable covers for distribution to all welfare service units to promote the good practice of temperature taking. The first lot of ear thermometers is now being distributed to NGOs and private elderly homes with the relevant guidelines.

7. We recognise that all service units will need to spend more on such precautionary measures including the supply of protective materials to their frontline staff. With the support of SWD, the Hong Kong Jockey Club Charities Trust has allocated \$20 million as special grants to be disbursed to day service units and home-based services to provide extra resources for welfare agencies to implement preventive measures to prevent the spread of SARS e.g. purchase of extra cleansing and protective materials, recruitment of extra staff to sterilise the premises, etc. A grant of \$5,000 per month for a period of three months from May to July 2003 will be provided to each eligible service unit. Over 1 300 service units will benefit from this grant.

### **Improvement of environmental hygiene for vulnerable groups**

8. On 23 April 2003, the Chief Executive announced a series of measures to relieve the impact of SARS on the economy. Among them, the creation of 4 500 temporary jobs for three months to provide free household cleaning service and minor repair services for elders living alone, elder couples or other vulnerable groups e.g. disabled persons, will be taken up by SWD in collaboration with NGOs and/or other organisations. This initiative involves 2 500 cleaning workers and 2 000 semi-skilled workers to be engaged directly by NGOs commissioned by SWD, at monthly salary of \$5,500 and \$7,000 respectively. We expect over 100 000 elderly and vulnerable families will benefit from this package. Subject to approval of the Finance Committee on 16 May, this \$102 million package will be implemented as soon as possible.

## **SPECIAL PREVENTIVE MEASURES TO TARGETED GROUPS**

### **Residential care homes for the elderly (RCHEs)**

9. Frail elders in RCHEs, many of whom are frequent users of hospital services, are a high risk group for SARS, taking into consideration that elderly persons and persons with long term illness have a higher incidence of death associated with SARS. In view of this, a set of “Guidelines on the Prevention of the Spreading of Atypical Pneumonia in Social Welfare Services Unit (Residential Services)” has been issued on 25 March 2003 to all RCHEs and other residential services units, while inspection by the “Licensing Office of Residential Care for the Elderly (LORCHE)” has been stepped up especially on aspects including contingency plan with confirmed SARS case and “cohorting” arrangement for elders discharged from hospitals.

10. To ensure RCHEs are complying with the guidelines and are paying adequate attention and efforts to prevent the spread of SARS, 185 staff of SWD from the licensing units and other offices completed a round of concern visits to 730 RCHEs during the week beginning 28 April 2003. The Chairman of the Elderly Commission also joined some of the visits. Protective materials including 90 000 gloves, 90 000 face masks and 1 600 bottles each of bleach and liquid soap were distributed to the homes. We are generally satisfied that most of the homes are well aware of the importance of environmental and personal hygiene, and are in good compliance with the guidelines issued.

11. In discussion with the Department of Health and the Hospital Authority (HA), all parties agree that the admission of elders into hospitals should be reduced as far as possible in this critical period. Accordingly, the HA will enhance coverage of its Community Geriatric Assessment Teams to RCHEs.

### **Child care centres (CCCs)**

12. Unlike the elders, young children have very good prognosis to recover quickly and completely from SARS. Nevertheless, the gathering of large number of playful kids with high curiosity and putting their hands on everything makes CCCs and kindergartens warranting our special attention. To prepare for class

resumption in CCCs, the following measures have been taken –

- (a) guidelines on the necessary precautionary measures upon class resumption have been issued to CCCs and uploaded to the SWD homepage;
- (b) 200 000 face masks for children have been distributed to CCCs, while ear thermometers with disposable covers would be distributed to them before class resumption. A stock of oral and anal thermometers will also be distributed to CCCs for giving to parents to promote the practice of parents taking temperature of their children at home daily before going to the centres;
- (c) with \$100,000 donation from the Tang Siu Kin and Ho Tim Trust Fund, teaching materials on prevention of SARS suited for young children are being produced. They include :
  - 5 000 VCDs (the VCD will also be uploaded to SWD homepage);
  - 3 000 posters;
  - 50 000 pin badges;
  - 180 000 sticker labels; and
  - 16 000 gifts donated by Disneyland Co.
- (d) a grant of \$5,000 per month for three months has been donated by the Hong Kong Jockey Club Charities Trust to each non-profit-making CCC to enhance environmental hygiene;
- (e) a briefing session for 300 CCC operators/workers will be held on 12 May 2003 to prepare them adequately for class resumption and all related arrangements; and
- (f) concern visits to all the 490 aided or private CCCs would be paid by SWD staff in the week prior to class resumption on 19 May 2003 as scheduled.

13. As a related issue, the Department has been meeting CCC operators to discuss their concern arising from some parents refusing to pay the centre fees. Letters have been issued to CCC operators on 28 April 2003 to explain the basis for fee charging in CCCs and to appeal to parents to pay fees; the Child Care Centre Fee Assistance Scheme will continue to be paid to parents, while the 5% subsidy, rent and rate subsidy, and other subvention items in relations to the Extended Hours Scheme and the Occasional Child Care Scheme will continue to be paid to operators. Operators are also encouraged to make use of any savings accumulated from their previous operations to tide over their cash-flow problem.

## **ASSISTANCE AND SUPPORT TO SARS PATIENTS AND THEIR FAMILIES**

### **A network of assistance**

14. Being a member of the medical care team, the medical social workers<sup>1</sup> (MSWs) in public hospitals are social workers at the forefront who provide psychosocial support to SARS patients and their families. Backed up by SWD's network of over 42 family services centres and a dedicated team of over 40 clinical psychologists (CPs) in the community, MSWs take the lead to --

- (a) provide immediate counselling and assistance to SARS patients in hospitals to help them handle/overcome their fears and anxieties towards the disease;
- (b) serve as a link between the patient in hospital and his/her anxious family members – many of whom are under home confinement themselves;
- (c) render grief counselling to family members of deceased SARS patients, with special attention given to young children who have lost one or both parents;
- (d) provide urgent financial assistance to SARS patients and their relatives under the Department's Subhead 157 Assistance to patients and their

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<sup>1</sup> There are 483 MSWs in public hospitals/clinics, around 353 of them are SWD staff, the rest are employed by the Hospital Authority.

families, including grants to meet burial expenses;

- (e) make discharge arrangement for patients who, for one reason or another, cannot return home upon discharge; and
- (f) refer patients and their families to other services units for necessary assistance, e.g. arrangement of child care without carer support upon their parents' admission into hospital.

### **Special facilities to assist hospitalised carers and discharged SARS patients**

15. To support children or elders without adequate support upon hospitalisation of their carers, SWD has re-opened its facilities at the Wai Yee Hostel (WYH) to provide transitional residential placement. So far, a total of seven children have been cared for in WYH.

16. For discharged SARS patients who are capable of self-care but due to various reasons (e.g. psychological reasons, crowded living environment) cannot return home immediately upon discharge, arrangements have been made for them to have temporary residence at the Helping Hand's Cheung Muk Tau Holiday Centre for the Elderly. Up to 6 May 2003, three discharged SARS patients have been admitted to the Centre.

### **Support to families in isolation/home confinement**

17. SWD oversees the provision of both tangible and psychosocial support to people placed under confinement initially at the holiday camps and subsequently in their own homes. The array of support includes delivery of meals, provision of daily necessities, child care arrangement, emergency financial assistance, and psychological support/intervention through hotlines. These support services are rendered by the conjoint effort of social workers and CPs of SWD, together with various staff from NGOs. So far, SWD has served 768 persons in 293 households under home confinement, representing about 70% of all home confinement cases. In addition, 655 applications for the "Emergency Financial Assistance Scheme for Prevention of the Spread of SARS" involving \$540,000 have been approved.

## **Non-Government funds to assist families of deceased SARS patients**

18. At a press release held on 2 May 2003, DSW announced that SWD has been entrusted to administer two non-Government funds, viz. the “Business Community Relief Fund for Victims of SARS” and the “We Care Education Fund” initiated by the business sector and the civil service sector respectively, and to allocate grants to eligible persons/families. The former Fund targets to provide urgent financial assistance to families of deceased SARS patients in the form of gratuity payment, and short-term grant for families of discharged SARS patients, while the latter Fund aims to provide for the long-term education of young children of deceased SARS patients. SWD’s case social workers will follow closely on the needs of the children and their families. CPs would continue to provide individualised counselling and other services to help them pull through their bereavement and adjust to their new social environment.

## **OTHER MEASURES**

### **Hotline services**

19. To address the needs and anxiety of special groups and the public, 16 hotlines have been set up by various welfare agencies since the start of the outbreak. As at 28 April 2003, among the 23 700 calls received, 10 500 were related to SARS. On the other hand, a special hotline for the public manned by CPs was set up by SWD on 2 April 2003 to provide crisis intervention information and arrangement for further emotional support/psychotherapy. As at 6 May 2003, a total of 110 calls were received; among which three cases were arranged for further psychological counselling and two cases were referred to family services centres for other assistance. During the month of April, the Departmental Hotline Service of SWD also received 255 calls relating to SARS. With the gradual decline in number of new cases, the number of calls to these hotlines dropped significantly during the first week of May.

### **Support to frontline staff**

20. The Department has not overlooked the needs of its staff especially those in the frontline who may be put in direct contact with SARS patients.

Protective materials, including face masks, protective gears, surgical gloves and sterile alcohol prep pads, have been provided to staff members since early April for their use according to the requirement of the specific situation. Besides issuing reminders on crisis intervention and on handling grief reactions for social workers, three large scale briefings were held on 24, 25 and 28 April, attended by some 700 staff. Psychological reactions to SARS, methods of coping, and other information on preventive measures were discussed in the briefings. Leave or alternative posting arrangements have also been put in place for all pregnant SWD staff to address their concern.

#### **ADVICE SOUGHT**

21. Members are invited to note the contents of this paper.

Social Welfare Department  
May 2003