

立法會
Legislative Council

LC Paper No. CB(2)2978/03-04
(These minutes have been
seen by the Administration)

Ref : CB2/PL/WS

Panel on Welfare Services

Minutes of meeting
held on Monday, 8 December 2003 at 10:45 am
in Conference Room A of the Legislative Council Building

Members present : Hon CHAN Yuen-han, JP (Chairman)
Hon Mrs Sophie LEUNG LAU Yau-fun, SBS, JP
Hon CHOY So-yuk
Hon LI Fung-ying, JP
Hon Michael MAK Kwok-fung
Hon Albert CHAN Wai-yip
Hon WONG Sing-chi
Hon Frederick FUNG Kin-kee

Members absent : Dr Hon LAW Chi-kwong, JP (Deputy Chairman)
Dr Hon David CHU Yu-lin, JP
Hon Cyd HO Sau-lan
Hon LEE Cheuk-yan
Hon Fred LI Wah-ming, JP
Hon LEUNG Yiu-chung
Dr Hon YEUNG Sum
Hon Henry WU King-cheong, BBS, JP

Public Officers attending : Items III and IV
Mr Paul TANG, JP
Director of Social Welfare

Miss Diane WONG
Principal Assistant Secretary for Health, Welfare and Food (Welfare)

Item III only

Mr SIT Tung
Assistant Director of Social Welfare
(Information Systems and Technology)

Mr CHAN Wai-ming
District Social Welfare Officer (Tuen Mun)

Mr Raymond FUNG
District Social Welfare Officer (Southern)

Dr Joe C B LEUNG
Head, Department of Social Work and Social Administration,
University of Hong Kong

Items IV and V

Dr CHAN Wai-man
Assistant Director of Health (Elderly Health Services)

Dr Daisy DAI
Senior Executive Manager
Hospital Authority

Item IV only

Miss Ophelia CHAN
Assistant Director of Social Welfare
(Rehabilitation and Medical Social Services)

Item V

Mr Patrick NIP
Deputy Secretary for Health, Welfare and Food (Elderly Services)

Mrs Kathy NG
Assistant Director of Social Welfare (Elderly)

Clerk in attendance : Miss Mary SO
Chief Assistant Secretary (2) 4

Staff in attendance : Miss Millie WONG
Senior Assistant Secretary (2) 4

I. Confirmation of minutes
(LC Paper No. CB(2)526/03-04)

The minutes of meeting held on 10 November 2003 were confirmed.

II. Items for discussion at the next meeting
(LC Paper No. CB(2)527/03-04(01))

2. Members agreed to hold the next regular meeting, originally scheduled for 12 January 2004, to 9 January 2004 at 3:30 pm, as a number of members had to attend a public hearing of the Select Committee to Inquire into the Handling of the Severe Acute Respiratory Syndrome (SARS) outbreak by the Government and the Hospital Authority (HA) on 12 January 2004.

3. Members further agreed to discuss the following items in January 2004 -

- (a) Briefing by the Secretary for Health, Welfare and Food on the Chief Executive's 2004 Policy Address; and
- (b) Progress report on the implementation of Community Investment and Inclusion Fund.

(Post-meeting note : The date of the next regular meeting was further changed to 5 January 2004 at 10:45 am to discuss item (b) and the issue of the standardised assessment tool for admission to residential homes for people with disabilities. Item (a) was separately discussed at a special meeting scheduled for 9 January 2004 at 3:30 pm.)

4. The Chairman proposed and members agreed to convene a special meeting in December 2003 to listen to the views of deputations on the seven-year residence requirement for assistance under the Comprehensive Social Security Assistance

(CSSA) Scheme and Social Security Allowance (SSA) Scheme. Mr Albert CHAN further proposed to expand the discussion to cover the existing eligibility criteria for and assistance under CSSA. Members agreed. The Clerk undertook to fix the date of the special meeting, in consultation with members and the Administration.

III. A report of the study to evaluate the effectiveness of Social Welfare Department's enhanced District Social Welfare Office functions
(LC Paper No. CB(2)257/03-04(06))

5. At the invitation of the Chairman, Dr Joe LEUNG of the University of Hong Kong and Assistant Director of Social Welfare (Information Systems and Technology) (ADSW/IST) gave a power point presentation on the findings and recommendations of the Report of Part One of the "Study to Evaluate the Effectiveness of Social Welfare Department's Enhanced District Social Welfare Office Functions" (the Study) and the Social Welfare Department (SWD)'s responses to the recommendations respectively.

6. Ms LI Fung-ying asked about the training provided to District Social Welfare Officers (DSWOs), in view of the considerable professional as well as political skills required to carry out a wide array of initiatives embodied in their enhanced functions.

7. ADSW/IST responded that relevant training programmes/activities had been and would continue to be organised for DSWOs on a regular basis to better equip them in fulfilling their enhanced functions after the re-organisation of SWD which took place from September 2001. Apart from this, inter-district sharing on best practices would be held for DSWOs, after Part Two of the Study was completed, to offer them a platform to share their experiences, challenges and learning and to advance their work skills in multi-dimensions. ADSW/IST further said that when in doubt, a DSWO could always seek the advice of his/her superior, consult other DSWOs and/or discuss with his/her staff members.

8. Mr WONG Sing-chi enquired about the measures to enhance the professional development of DSWOs, so as to better help them to fulfill their enhanced functions. It was questionable whether the Director of Social Welfare (DSW), to whom DSWOs were accountable, was in a position to provide professional guidance to DSWOs given that he was not a professional social worker. ADSW/IST clarified that DSWOs were accountable to DSW through ADSWs who were professional social workers. ADSW/IST further said that with the delayering, the headquarters and senior management were now closely in touch with district matters. DSWOs were members of DSW's regular meetings

to keep themselves abreast of the Department's service directions and developments and to alert senior staff to sensitive issues at the district level.

9. Mr WONG Sing-chi said that he had attended some sharing sessions organised by DSWOs, and observed that DSWOs rarely dwelt on the professional aspect of their work. Mr WONG wondered whether this was due to the inadequate support provided by SWD to enhance the professional development of DSWOs. If this was the case, Mr WONG expressed concern whether this would impede the development of professionalism in the delivery of services by community partners.

10. DSW responded that apart from providing training to DSWOs on a regular basis to better equip them in fulfilling their enhanced functions, DSWOs could always consult their respective ADSWs on the professional aspect of their work. DSW further said that sharing sessions might not be an appropriate forum to discuss ways on developing the professionalism of delivery of services at district level. This was because issues relating to, say, services for the elderly, would not be unique to a particular SWD district. A more pragmatic approach would be for the DSWOs to relay these issues to the headquarters so as to arrive at a more comprehensive solution. Notwithstanding the aforesaid, consideration could be given by DSWOs to helping small NGOs to be more professional in their delivery of services at the district level.

11. Mr Albert CHAN said that it was not clear what the Study Report sought to tell or to achieve. For instance, it was not clear whether the meaning behind paragraph 12 of the Annex to the Administration's paper which read "Moving from short-term service coordination and adjustments to developing long-term community partnerships, there is a need for DSWOs to strengthen their leadership which can inspire common vision, enthusiasm and commitment, empower the institutional capacity, and command the trust from other community partners" was to make NGOs conformed to the views of DSWOs in the provision of services at the district level. Mr CHAN further said that unless the following issues were addressed, any benefits derived from the enhanced functions of DSWOs would be undermined. First, SWD, instead of the Home Affairs Department (HAD), should be the leading department in the provision of social services. At present, the roles of SWD and HAD in the provision of social services at the district level sometimes overlapped with one another. For instance, although SWD was responsible for implementation of youth policies, the annual youth programme was under the purview of HAD. Second, DSWOs should be given the latitude and resources to implement services to meet the specific welfare needs of their districts. For instance, if a particular SWD district was populated with minority groups such as Pakistanis, the DSWO concerned should be given the latitude to develop policies to meet the needs of these groups and be given the necessary

resources to do so.

12. DSW responded that the relationship between District Social Welfare Offices and NGOs was one of a partnership. What it meant in the Administration's paper that DSWOs should assume a leadership role in the provision of welfare services at the district level was to see that the welfare needs of the districts under their purview could be met. This was achieved through rationalisation of services by removing any service duplication/overlapping or reprioritising of services and through close liaison with local NGOs to find out whether there were any service gaps and/or new service needs. DSW pointed out that enhancing the roles of DSWOs was just a starting point to better meet local needs. Apart from setting up a district level platform, tailor-made programmes to suit the particular needs of a particular district would also be considered. DSW further said that there was no question of conflict of roles and functions between SWD and HAD, as HAD was responsible for community building whereas SWD was responsible for implementing various social welfare programmes under Health, Welfare and Food Bureau, Home Affairs Bureau and Security Bureau.

13. Dr Joe LEUNG supplemented that the Study was conducted in response to the request made by members at the Panel meeting on 8 April 2002 that a more structured and systematic study should be conducted to benchmark the effectiveness of the enhanced District Social Welfare Offices functions. Dr LEUNG further said that the world trend was moving towards providing a government department with leadership at the district level to engage key stakeholders as partners in developing and achieving the shared vision, and providing the supportive environment for cross-sector and cross-departmental collaborations. Such a bottom-up approach would not only ensure a speedy response to the local community needs and also promote mutual trust and partnership between the Government and different sectors of the community. Dr LEUNG hoped that DSWOs could strengthen their efforts in collaborating with local groups, including the business sector, in that regard.

14. Mr Michael MAK hoped that DSWOs would not be discouraged by the recommendations of the Study set out in paragraph 10 of the Administration's paper. Mr MAK further asked whether consideration would be given to upgrade the rank of DSWOs given their enhanced functions.

15. Dr Joe LEUNG clarified that the overall feedback from key stakeholders both through the questionnaire survey and focus groups on the enhanced District Social Welfare Office functions had been very positive. The recommendations of the Study were aimed at improving on the existing arrangements. As to upgrading the rank of DSWOs, DSW said that there was no plan for such as DSWO had only been upgraded to D1 rank since the re-organisation of SWD in 2001.

16. In summing up, the Chairman said that in order for the District Social Welfare Office functions to be effective, more authorities should be devolved from the headquarters to the DSWOs. At the same time, SWD should truly listen to the views of the public. To this end, the Chairman hoped that SWD would open up more channels for local concerned groups to participate in the planning of welfare services on a district basis.

17. Mr Albert CHAN suggested that NGOs should be consulted on the report, as they played a key role in supporting district services. The Clerk undertook to send letters to the NGOs and make the report available on the internet.

(Post-meeting note : A letter had been sent to the Hong Kong Council of Social Service soliciting input in coordinating comments and suggestions from NGOs on the report.)

IV. Progress report on the Trust Fund for Severe Acute Respiratory Syndrome

(LC Paper No. CB(2)527/03-04(02))

18. Principal Assistant Secretary for Health, Welfare and Food (PAS/HWF) briefed members on the up-to-date position of the Trust Fund for SARS established on 8 November 2003, details of which were set out in the above Administration's paper.

19. Ms LI Fung-ying asked the following questions -

- (a) How many applications were turned down by the Committee on Trust Fund for SARS and the reason(s) for the rejection; and
- (b) Why there was to date no application for the special ex-gratia financial assistance under the Trust Fund for SARS had been received from eligible "suspected" SARS patients treated with steroids.

20. Responding to Ms LI's first question, PAS/HWF said that hitherto only one application involving a deceased case had been rejected. The applicant concerned belonged to the fourth category, i.e. not the dependent child, spouse or dependent parent of the deceased. The applicant had not been financially dependent on the deceased, nor had there been other factors which merited special consideration by the Committee on Trust Fund for SARS. As to Ms LI's second question, PAS/HWF said that a number of enquiries from "suspected" SARS

patients treated with steroids had been received and assistance was being rendered to them to apply for the special ex-gratia financial assistance under the Trust Fund for SARS.

21. Mr Albert CHAN asked the following questions -

- (a) Whether any complaints about inadequate financial assistance from successful applicants for the ex-gratia relief payments had been received; and
- (b) Why to date none of the 121 applications from eligible recovered SARS patients had been approved.

22. PAS/HWF replied in the negative to Mr CHAN's first question. PAS/HWF however pointed out that any applicant not satisfied with the recommendations of the Committee on Trust Fund for SARS could lodge their complaints with the Review Committee referred to in paragraph 3 of the Administration's paper. As regards Mr CHAN's second question, PAS/HWF explained that this was due to the fact that time was needed to carry out medical and financial assessments of the applicants who were recovered SARS patients.

23. Mr Albert CHAN pointed out that many recovered SARS patients were in urgent need of financial assistance, and suggested that consideration should be given to granting them a portion of the special ex-gratia financial assistance pending receipt of their final medical and financial assessment results.

24. PAS/HWF responded that the bulk of applications from recovered SARS patients were received towards the end of November 2003, and the first batch of these applications would be submitted to the Committee on Trust Fund for SARS for consideration shortly. If approved, payments would generally begin to count from the date of application rather than the date of approval. This arrangement would minimise the impact of the processing time on the amounts of assistance provided to the successful applicants.

25. Mr Albert CHAN urged the Administration to expedite the processing of applications from recovered SARS patients, or alternatively granting these patients a portion of the special ex-gratia financial assistance pending receipt of their final medical and financial assessment results. The Chairman concurred, and further said that the Administration should submit these applications to the Committee on Trust Fund for SARS for consideration next week even if full assessment of the applicants' medical and financial conditions had not been completed then.

26. Miss CHOY So-yuk asked the following questions -

- (a) How frequent would the Committee on Trust Fund for SARS meet;
- (b) What was the time required to process an application from recovered SARS patient; and
- (c) Whether the Administration had contacted all recovered SARS patients and "suspected" SARS patients treated with steroids that they could seek financial assistance from the Trust Fund for SARS if in need.

27. Responding to Miss CHOY's first question, DSW said that the Committee on Trust Fund for SARS would meet as and when required. To ensure that the Trust Fund for SARS would truly help those in need, it was incumbent upon the Administration to see to it that all applications met the eligibility criteria before submitting them to the Committee on Trust Fund for SARS for consideration. DSW added that since its establishment on 8 November 2003, the Committee had met three times to consider the applications received.

28. Regarding Miss CHOY's second question, DSW said that the time taken to process the cases varied, depending on the complexity of the applications and whether the information provided by the applicants was adequate, etc. On average, it should normally take about one month if all the information provided by the applicants was adequate. Assistant Director of Social Welfare (Rehabilitation and Medical Social Services) (ADSW/R&MSS) supplemented that applications were first processed by SWD and the Hospital Authority (HA) before they were submitted to the Committee on Trust Fund for SARS for making recommendations to the Trustee, DSW, for final decision. To expedite the processing of applications from recovered SARS patients and "suspected" SARS patients treated with steroids, HA would first carry out medical assessment on the applicants to ascertain whether they were suffering from the relevant dysfunction as set out in the Finance Committee Agenda Item. After applicants had been certified by HA to be suffering from the relevant dysfunction, no financial assessment would be needed for applicants who applied for medical expenditure only. Financial assessment by SWD would be required only if they were applying for monthly financial assistance. The financial needs of and the level of assistance for those applying for the monthly financial assistance were assessed having regard to the loss of income or reduction in income or the increase in expenditure, arising from SARS (including the effects of medication, if any).

29. Senior Executive Manager, HA also said that HA had all along been following up on the medical status of recovered SARS patients and "suspected" SARS patients treated with steroids. HA should normally be able to forward a

medical assessment on the applicant to SWD in a week or so if the individual concerned had come back to HA clinic for medical check. Prior to doing so, a medical consultant at HA Head Office would make final review of the applicant's overall medical assessment on the basis of the applicant's available medical records and endorse the relevant functional/psychological status as appropriate. This would ensure consistency in the vetting process. Further professional opinion would be sought if necessary.

30. As to Miss CHOY's last question, DSW said that all recovered SARS patients and "suspected" SARS patients treated with steroids had been contacted and informed that they could seek financial assistance from the Trust Fund for SARS if in need either in person or by letters.

31. Mr Frederick FUNG commented that to ensure that all recovered SARS patients and "suspected" SARS patients treated with steroids were brought to the attention of the existence of the Trust Fund for SARS, there was a need for SWD or HA to contact these patients in person. In response, ADSW/R&MSS said that the majority of these patients knew about the Trust Fund for SARS as they were followed up by medical social workers of SWD. For those who did not return to HA clinics for follow-up after discharge from hospitals, SWD would continue to contact them through letters. Senior Executive Manager, HA also said that HA had telephoned all these patients again since the implementation of the strengthened comprehensive follow-up programme launched by HA in mid-October 2003.

32. Mr Frederick FUNG asked whether there were priorities in processing different categories of applications involving deceased cases. For instance, of the 112 applications from surviving spouses of deceased SARS patients, 91 were successful, whereas of the 17 surviving dependent parents, only one was successful. PAS/HWF replied that as mentioned by DSW above, the time taken to process the cases varied, depending on the complexity of the applications and whether the information provided by the applicants was adequate, etc. ADSW/R&MSS supplemented that the reason why one application from surviving dependent parents had been approved so far was because time was needed to establish whether parents had been living with the deceased and had been relying solely on the deceased SARS patients for financial support. The Chairman hoped that more assistance could be rendered to those applicants who were the surviving dependent parents of deceased SARS patients in the processing of their applications.

33. Mr Michael MAK asked the following questions -

(a) Why only 174 applications involving 128 deceased cases had been

received, given that there were 299 deaths from SARS in Hong Kong; and

- (b) Whether the Administration would seek additional funding to cover any shortfall for the Trust Fund for SARS in future, if eligible applicants could not receive the grant.

34. Responding to Mr MAK's first question, PAS/HWF explained that this was because not all surviving family members of deceased SARS patients could meet the relevant eligibility criteria. ADSW/R&MSS supplemented that as at 5 December 2003, a total of 205 applications had been received involving 153 deceased cases. ADSW/R&MSS further said that another reason why not all surviving family members of deceased SARS patients would apply for special ex-gratia relief payment under the Trust Fund for SARS was because about half of the deceased were elderly. Hence, most of their children, if any, would be 18 and above and were less likely to have surviving parents. As regards Mr MAK's second question, PAS/HWF replied in the positive.

V. Prevention measures against Severe Acute Respiratory Syndrome among elders

(LC Paper No. CB(2)527/03-04(03))

35. Deputy Secretary for Health, Welfare and Food (DSHWF) briefed members on the above Administration's paper, which set out the prevention measures carried out by the Department of Health (DH), HA and SWD against SARS amongst elders.

36. Mr WONG Sing-chi noted that all residential care homes for the elderly (RCHEs) were required by SWD to designate an Infection Control Officer (ICO) by 1 November 2003. In the light of this, Mr WONG asked what were the duties of ICO and whether there was any mechanism in place to monitor the performance of ICO, including whether there was any penalty for failing to perform their duties.

37. Assistant Director of Health (Elderly Health Services) (ADH) said that ICO was responsible for dealing with matters related to infection control and prevention of spread of communicable diseases in RCHE. The objective of the ICO scheme was to achieve early detection and reporting of suspected outbreaks, so that infection control measures as necessary could be stepped up in the homes in a timely manner. ADH further said that requirements on the designation of ICO and the list of duties of ICO were stipulated in the Code of Practice for RCHEs. Random on-site inspections were conducted by SWD inspectors on a regular basis to see that all RCHEs complied with the necessary preventive

measures against communicable diseases.

38. Mr WONG Sing-chi opined that it was unfair that the burden of infection control at RCHEs should fall solely on ICOs.

39. DSHWF responded that infection control work at RCHEs depended on the concerted efforts of all staff of RCHEs. To familiarise ICOs and staff of RCHEs on the roles and responsibilities of ICO, briefing sessions and training workshops had been and would continue to be organised. Apart from this, ongoing support to ICOs was provided through on-site training and advice by the Visiting Health Team (VHT) of DH and Community Geriatric Assessment Teams (CGATs) of HA. Follow-up visits would be conducted for RCHEs which required more intensive support.

40. Mr Albert CHAN expressed concern about the lack of information provided by the Administration to elders living in the community on where they could get influenza vaccination. In the light of this, Mr CHAN asked about the measures which would be taken to address the problem. Mr CHAN also expressed disappointment that SWD no longer operated the "Operation CARE" project to provide household cleansing and minor repairs services to elders and vulnerable families, and urged that this be reinstated.

41. Mr Frederick FUNG hoped that the Government could provide influenza vaccination at cost for elders living in the community and not on public assistance. Mr FUNG noted that after the discontinuation of the "Operation CARE" project, SWD's District Social Welfare Offices had been actively coordinating volunteer organisations and uniform groups, such as Hong Kong Red Cross and the Scout Association of Hong Kong, to continue providing household cleansing to vulnerable and singleton elders. Mr FUNG hoped that priority could be accorded by these volunteer organisations and uniform groups to districts densely populated by elders such as Sham Shui Po and Wong Tai Sin and where the living condition of elders was poor such as Nam Cheong Street and Tai Kok Tsui. Alternatively, consideration should be given to sending a home help team to provide household cleansing to vulnerable and singleton elders periodically, say, every six months. Miss CHOY So-yuk expressed similar views.

42. Assistant Director of Social Welfare (Elderly) (ADSW/E) responded that with effect from November 2003, free influenza vaccinations had been provided to non-institutionalised seniors who were at particular high risk of influenza and had financial difficulty through HA's general outpatient (GOP) clinics and DH's Elderly Health Centres. In addition, service units of NGOs had been providing needy elders in the community with influenza vaccination at a concessionary rate of about \$50 to \$60 per vaccination. ADH supplemented that elders in good

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health did not necessarily need to receive influenza vaccination. For instance, elders provided with free vaccination at HA's GOP clinics was made only upon medical advice on the suitability of vaccination.

43. On providing cleansing and maintenance services for needy elders after the discontinuation of the "Operation CARE" project, ADSW/E said that SWD's 13 District Social Welfare Offices had been and would continue to co-ordinate these services with relevant service units. For instance, volunteers from 40 support teams for the elderly had been providing services such as household cleansing and health education to elders on a territory basis.

44. At the request of members, DSHWF undertook to provide the following after the meeting -

Admin (a) A district based breakdown of the places where the elderly could receive influenza vaccination at cost, and the number of vaccinations which each place could provide to the elderly; and

Admin (b) Provision of household cleansing to vulnerable and singleton elders after the discontinuation of the "Operation CARE" project.

45. Mr Michael MAK queried about the appropriateness of designating non-health care professional to be ICOs in RCHEs. In response, ADH said that ICOs could be nurses or health workers who had training in elderly care in elderly homes. In fact the duties of an ICO were within the scope of their job. As mentioned by DSHWF in paragraph 39 above, apart from providing special training programmes to ICOs, ongoing support to them was provided through on-site training and advice by DH's VHT and also HA's CGATs.

46. On closing, the Chairman urged the Administration to continue to step up preventive measures against SARS amongst elders.

47. There being no other business, the meeting ended at 1:15 pm.