

立法會
Legislative Council

LC Paper No. CB(2)2694/03-04
(These minutes have been
seen by the Administration)

Ref : CB2/PL/WS

Panel on Welfare Services

Minutes of meeting
held on Monday, 10 May 2004 at 10:45 am
in Conference Room A of the Legislative Council Building

Members present : 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
Dr Hon YEUNG Sum
Hon CHOY So-yuk
Hon Henry WU King-cheong, BBS, JP
Hon Albert CHAN Wai-yip
Hon WONG Sing-chi
Hon Frederick FUNG Kin-kee

Members absent : Hon CHAN Yuen-han, JP (Chairman)
Hon Mrs Sophie LEUNG LAU Yau-fun, SBS, JP
Hon LEUNG Yiu-chung
Hon LI Fung-ying, JP
Hon Michael MAK Kwok-fung

Public Officers attending : Items III to V
Mr Paul TANG, JP
Director of Social Welfare

Action

Items III and IV

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

Mrs Brenda FUNG
Principal Assistant Secretary for Health, Welfare and Food
(Elderly Services)

Item III

Professor Alfred CHAN, JP
Member, Elderly Commission
Director, Asia-Pacific Institute of Ageing Studies, Lingnan University

Mrs Kathy NG
Assistant Director of Social Welfare (Elderly)

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

Mr CHEN Chi-po
Chairman, Crested Bulbul Club

Miss Carrie MA
Project Officer, Hong Kong Bird Watching Society

Item IV

Mr FUNG Pak-yan
Assistant Director of Social Welfare (Family and Child Welfare)

Mrs SO WONG Wei-yee
Chief Social Work Officer (Domestic Violence)

Item V

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

Mr Stephen PANG
Commissioner for Rehabilitation

Action

**Deputations
by invitation** : Item V

Hong Kong Neuro-Muscular Disease Association

Mr Raymond LAU
Chairman

Mr WONG Kong-shing
The Patient's Family Member

1st Step Association

Mr LEUNG Choy-yan
Chairman

Mr CHAN Chi-lai
Representative

Direction Association for the Handicapped

Mr LAW Wai-cheung
Chairman

Ms Christine LEUNG
Vice-Chairlady

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

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

I. Confirmation of minutes
(LC Paper No. CB(2)2261/03-04)

The minutes of the meeting held on 5 January 2004 were confirmed.

Action

II. Items for discussion at the next meeting

(LC Paper Nos. CB(2)2280/03-04(01) and (02))

2. Members agreed to discuss the following items at the next regular meeting scheduled for 14 June 2004 -

- (a) Standardized needs assessment tool for admission to residential homes for people with disabilities; and
- (b) An update on intensified support for self-reliance measures.

3. Members further agreed to hold a regular meeting on 12 July 2004 tentatively.

4. The Deputy Chairman said that the Panel had received a referral from Duty Roster Members requesting the Panel to follow up on a series of complaint lodged by a deputation against the operation of the SARS Trust Fund. The Deputy Chairman asked the Administration when it was in a position to discuss the matter. Director of Social Welfare (DSW) agreed to revert to the Secretariat about the timing for discussing the matter after the meeting.

Admin

III. Progress report on the healthy ageing campaign

(LC Paper No. CB(2)2280/03-04(03))

5. Deputy Secretary for Health, Welfare and Food (Elderly Services) (DSHWF(ES)) and Professor Alfred CHAN briefed members on the background and work of the Healthy Ageing Campaign (HAC) and other on-going efforts to promote healthy ageing, and evaluation of HAC respectively through a power point presentation. Details of the presentation were set out in the above Administration's paper.

6. Mr CHEN Chi-po, chairman of the Crested Bulbul Club, a Community Partnership Scheme (CPS) project of the HAC, gave a brief account of the positive impact of the project on its participants.

7. The Deputy Chairman declared that he was the chairman of an organisation which was operating a CPS project.

8. The Deputy Chairman noted that the HAC was launched in 2001 with funding support of \$21 million from the Hong Kong Jockey Club Charities Trust (HKJCCT). The Deputy Chairman asked how much funding from HKJCCT was left to date. DSHWF(ES) responded it was about \$6 million. Apart from the funding from HKJCCT,

Action

a sum of some \$3 million was set aside by the Social Welfare Department (SWD) since 2003 to fund programmes and activities under the Opportunities for the Elderly Projects.

IV. Update on support for vulnerable elders

(LC Paper No. CB(2)2280/03-04(04))

9. Assistant Director of Social Welfare (Family and Child Welfare) (ADSW(FCW)) conducted a power point presentation on the latest developments on the Administration's strategies and services on support for vulnerable elders, details of which were set out in the above Administration's paper.

10. Mr Fred LI noted from Annexes I and II of the Administration's paper that the number of suicide cases amongst male was much higher than that of female, whereas the opposite was true in elder abuse cases. In the light of this, Mr LI asked whether the Administration had conducted any analysis to explain such phenomenon.

11. ADSW(FCW) responded that he did not have a scientific explanation as to why the elderly suicide rate of male was higher than of female. But men were in general more introverted and socially isolated than women. This might render them more vulnerable. In fact, users of elderly centres were mostly women. As to why elder abuse rate of women was higher than of men, ADSW(FCW) said that more time was needed to establish whether this was the case as the figure on elder abuse was only from 1 March 2004 up to 8 April 2004.

12. DSHWF(ES) supplemented that in the "Multi-Disciplinary Study on the Causes of Elderly Suicide in Hong Kong" commissioned by the Administration in 2002, depression had been identified as the most significant psychological factor on an elderly person developing suicidal wishes or a feeling that their life was meaningless. The risk factors that contributed to the elder's sense of depression might include poor health, poor self-rated financial state, unsatisfactory living arrangements, a decreased ability to look after themselves, and a lack of social support. The study found that an elder's ability to cope with stress, either in terms of their health, living arrangements, financial status, or recent negative life events, was an important determinant of whether such destructive thought would be put into action.

13. DSHWF(ES) further said that given the complexity of the elderly suicide issues, more studies needed to be made to analyse the information captured by the Central Suicide Information System (CSIS), which was established under the Health, Welfare and Food Bureau in 2002 to collect figures on suicide and attempted suicide, and the findings obtained from the Coroners Court.

Action

14. DSHWF(ES) also said that the Elderly Suicide Prevention Programme launched by the Hospital Authority (HA) in October 2002 was established to enhance early detection and treatment of depression in elders, and provide intensive follow-up services through its fast track clinics to identified elders. The Programme was operated as a two-tier service model. The first tier involved early detection and screening of elderly patients with suicidal risks in the community. These patients would then be referred to the second tier for specialist treatment by psycho-geriatricians at fast track clinics. Five Regional Committees were set up by HA to develop networks within the region and strengthen regional coordination for the Programme. The Regional Committee was composed of members from the health and welfare sectors, including HA, SWD and non-governmental organisations. To further reduce the vulnerability of elders to suicide, the Health, Welfare and Food Bureau would liaise with SWD and HA to review the effectiveness of the programme and identify possible areas for further improvement, including the follow-up actions undertaken within the social welfare sector after the elders concerned had received treatment at the fast track clinics.

15. Despite the aforesaid, Mr Fred LI hoped that the Administration could expeditiously conduct an analysis to find out why the elderly suicide rate of men was higher than that of women. Mr LI further said that elder abuse was particularly prevalent amongst elders living in public housing estates who had family relationship problems, such as with their daughter-in-law. Mr LI hoped that SWD and the Housing Department (HD) could face such problem squarely by arranging separate public housing flat for those elders who could not get along with or were abused by their family members.

16. ADSW(FCW) responded that SWD was well aware of the plight of these elders. To this end, SWD had recommended 247 cases involving elders for compassionate rehousing to HD in 2003. On the other hand, 80 cases for tenancy transfer or splitting involving elders were also recommended to HD in 2003.

17. Mr Fred LI remarked that the small number of compassionate rehousing and splitting of household cases demonstrated that the Administration had not paid enough attention to the plight of elders who were forced to live under the same roof with their family members to whom they did not get along or were abused by them. To let the situation stand would drive some of these elders into depression, thereby increasing the risk of them resorting to suicide. Mr LI urged SWD and HD not to wait until a family problem was intervened by the Police or serious physical harm had been caused to the elders due to them being abused by their family members that compassionate rehousing or splitting of household would be arranged for these elders. Mr Frederick FUNG raised similar concern.

18. ADSW(FCW) responded that SWD would consider compassionate rehousing or tenancy transfer/splitting for elders if they were abused by their family members.

Action

SWD would not wait until tragedy happened. ADSW(FCW) however pointed out that not all elders abused by their family members were willing to live away from their abusers because of their close relationship with and ambivalent feeling towards the abusers. Although it was always assumed that the reason why these victims chose to stay with their abusers was because they were dependent on the abusers, the research on elder abuse revealed that some of the abusers were in fact dependent on the victims either financially or in daily living, e.g. the abuser being a chronically-ill patient. This made the victims not willing to move away from the abusers, as the abusers were usually the ones whom the victims cared very much about.

19. Mr Wong Sing-chi asked whether the Administration had the number of elders who had attempted suicide and subsequently took their own lives, as this would shed light on how effective the preventive work on elderly suicide was. ADSW(FCW) responded that such information was not available. DSHWF(ES) supplemented that the number of attempted suicide recorded by CSIS might not reflect the full picture, as it was based on observation from frontline staff of the reporting agencies. Nevertheless, review would be undertaken by the Administration to see how best to improve the data collection and analyses, as well as the follow-up works by medical social workers, the Police and SWD staff for elders who had attempted suicide.

20. Dr YEUNG Sum urged SWD to discuss with HA on ways to reach out to those elders with ill-health problem who lived alone, having regard to the fact that this group of elders was a high risk group for committing suicide. ADSW(FCW) responded that HA's Elderly Suicide Prevention Programme mentioned in paragraph 14 above was meant to seek early detection of these elders, through community network as well as training of family doctors etc.

21. Miss CHOY So-yuk urged the Administration to construct more leisure grounds, so that those elders living in cramped environment and without ancillary amenities would have somewhere to go for relaxation. This in turn would help to reduce conflict with their family members. Mr Albert CHAN echoed similar view. Miss CHOY further urged the Administration to relax the residence requirement for the Old Age Allowance (OAA), so as to enable elders to reside longer in the Mainland if they so wished.

22. Mr Albert CHAN said that the existing measures failed far short of protecting elders against the risk of suicide and abuse. Mr CHAN urged the Administration to adopt a more proactive approach by setting up outreach teams in areas populated by elders, so that more timely assistance could be provided to those elders suffering from depression or chronic disease and from abuse by their family members.

23. DSHWF(ES) responded that through the re-engineering of community support for elders, a network had been developed in each district to reach out to needy elders. As to relaxing the absence allowance for OAA, DSHWF(ES) said that the Administration did

Action

not have any plan to change the present arrangements.

24. Ms Cyd HO commented that the number of elder abuse cases recorded by the Central Information System on Elderly appeared to be on the low side. Taking 60 elder abuse cases as a monthly average, this would come up to about 720 cases a year. Such a figure was unrealistically low when comparing with an average of 3 000 family violence case and child abuse cases each year. Ms HO wondered whether this was due to underreporting because of a lack of a social definition of elder abuse.

25. ADSW(FCW) reiterated that since the figures on elder abuse case were only from 1 March 2004 up to 8 April 2004, time was too short to draw conclusion. ADSW(FCW) however pointed out that victims of elder abuse tended to keep the problem to themselves and refuse social worker's intervention because of unwillingness to make known their problem to outsiders. To address such, publicity and community education had been stepped up. ADSW(FCW) further said that a working definition of elder abuse had been stipulated in the Procedural Guidelines for Handling Elder Abuse Cases. It encompassed six types of abuse, namely, physical abuse, psychological abuse, neglect, financial abuse, abandonment and sexual abuse.

Admin 26. Due to time constraint, the Deputy Chairman requested the Administration to provide a more detail written response to the issues raised by members at the meeting. DSHWF(ES) agreed.

27. The Deputy Chairman said that should members decide to hold a meeting in July 2004, consideration could be given to continuing discussion on the matter. Mr Albert CHAN expressed support and suggested that the discussion should be widened to cover the effectiveness of the re-engineering of family services centres/counselling units into Integrated Family Service Centres.

V. Support and assistance for paralysed patients living in the community
(LC Paper Nos. CB(2)2280/03-04(05) to (08))

28. Commissioner for Rehabilitation (C for R) and Assistant Director of Social Welfare (Rehabilitation and Medical Social Services) briefed members on the Administration's paper (LC Paper No. CB(2)2280/03-04(05)) which set out the support and assistance provided to paralysed patients living in the community.

29. The Deputy Chairman then invited deputations to give their views on the support and assistance provided to paralysed patients.

Action

Views of deputations

Hong Kong Neuro-Muscular Disease Association (HKNDA)
(LC Paper No. CB(2)2280/03-04(06))

30. Mr Raymond LAU presented the views of HKNDA as set out in its submission. The specific recommendations of HKNDA were as follows -

- (a) a special allowance of \$5,000 per month should be provided to paralysed patients living in the community, in addition to the Higher Disability Allowance, to help meet the high medical costs;
- (b) a subsidy of \$8,000 per month should be provided to carers of paralysed patients living in the community;
- (c) 24-hour nursing care should be provided by the Administration to needy paralysed patients living in the community; and
- (d) a comprehensive policy should be developed to address the needs of paralysed patients living in the community, including the provision of long and short term rehabilitation places, counselling services and access for people with disabilities (PWDs) in all transport modes.

31. Mr WONG Kong-shing told the meeting of the difficulties he faced in caring his caring for his paralysed wife.

Direction Association for the Handicapped (DAH)
(LC Paper No. CB(2)2280/03-04(08))

32. Mr LAW Wai-cheung presented the views of DAH as set out in its submission which strongly called upon the Government to provide adequate resources for carers of paralysed patients living in the community so that the latter could better integrate into the community.

1st Step Association
(LC Paper No. CB(2)2280/03-04(07))

33. Mr LEUNG Choy-yan presented the views of the 1st Step Association as set out in its submission. Specifically, 1st Step Association urged the Government to provide necessary support to enable paralysed patients to lead a meaningful life in the community, including providing their carers with a subsidy.

Action

Discussion

34. Dr YEUNG Sum, Mr LEE Cheuk-yan, Miss CHOY So-yuk and Mr Frederick FUNG strongly urged the Administration to provide a subsidy to carers of paralysed patients living in the community. Dr YEUNG further said that consideration should be given to providing residential care homes for severely disabled persons of normal intellect and mental state. Miss CHOY further said that more resources should be allocated to provide support and training to carers of paralysed patients. Financial assistance should also be provided to paralysed patients to enable them to alter the layout of their homes to suit their special needs. Mr FUNG also pointed out that some of the difficulties faced by paralysed patients could be easily resolved by administrative means, such as the streamlining of procedure for claiming medical expenditure from SWD, HA and charitable funds.

35. Mr Albert CHAN commented that the Administration's paper and the deputations' submissions presented two completely different pictures of the current support provided to paralysed patients living in the community. The Administration stated that a wide range of support services was available to paralysed patients living in the community, whereas the deputations pointed out that such services were insufficient. According to the Government statistics quoted in HKNDA's submission, of the about 269 000 PWDs in Hong Kong in 2001, about 5 000 of them were severely disabled. Mr CHAN requested the Administration to provide information on the current status of support received by PWDs. Mr CHAN also urged the Administration to take prompt action to address the access problem of PWDs to buildings and public transport.

36. Mr WONG Sing-chi expressed support for all of the recommendations made by the deputations, and urged the Administration to seriously consider them for early implementation.

Admin 37. On closing, the Deputy Chairman requested the Administration to provide a written response to the issues raised by deputations and members. C for R agreed. C for R further advised that the Buildings Department was presently reviewing the barrier-free guidelines on building design for further improving accessibility for people with disabilities. Consultation with the building industry and representatives of disability groups on the revised guidelines would be conducted before implementation.

38. There being no other business, the meeting ended at 1:05 pm.