

For Discussion

Paper No. CB(2)3078/03-04(03)

On 19 July 2004

Legislative Council Panel on Welfare Services

**Support and Assistance for Paralysed Patients Living in the
Community**

PURPOSE

The purpose of this paper is to inform Members the response of the Administration towards the concerns of the 4 self-help groups, namely – Hong Kong Neuro-Muscular Disease Association, 1st Step Association, Paraplegic & Quadriplegic Association and Direction Association for the Handicapped, about financial assistance, support and training for the paralysed patients and their families.

BACKGROUND

2. At the meeting of the Legislative Council Panel on Welfare Services of 10 May 2004, the above-mentioned four self-help groups gave their views on the support and assistance provided to paralysed patients. The Secretary for Health, Welfare and Food also met with these 4 self-help groups on 29 June 2004 to listen to their concerns and requests. A total of 26 paralysed patients and 15 carers attended the meeting. Their wish to live and integrate into the community as far as possible through provision of community care and support services and

financial assistance was recognised. The response of the Administration towards their requests, supplementary to those already provided in Paper No. CB(2)2280/03-04(05), are set out in the following paragraphs.

FINANCIAL ASSISTANCE

Special Grants Under Comprehensive Social Security Assistance (CSSA) Scheme

Streamlining Referral Procedures

3. Application procedures for special grants to cover expenses of the paralysed patients have been streamlined to enhance communication and facilitate processing among professionals. These include new referral forms exclusively for special grants to cover medical consumable items and rehabilitation appliances as well as Care and Attention Allowance.

4. With an aim to handle CSSA cases involving paralysed patients in a more consistent and coordinated manner, Social Security Field Units (SSFUs) have arranged to assign these cases to be handled by a designated team. Coordinators in individual SSFU have also been appointed for this purpose.

Care and Attention Allowance

5. Under the existing policy, a Care and Attention (C&A) Allowance of \$4,296 per month (or more in exceptional cases) can be

paid under the CSSA Scheme to cover the expenditure required to hire a carer for taking care of a physically or mentally disabled person at home. The allowance is normally not payable if the patient has a family carer who is available to provide help at home. A request for the allowance has to be supported by medical certification and social worker's recommendation.

6. Taking into account the special conditions of paralysed patients and recognizing the difficulties faced by their families in looking after these patients who may require intensive 24-hour care and attention at home, SWD will adopt a more flexible approach in granting the C&A Allowance for this group of patients. For justifiable cases, consideration can be given to grant the C&A Allowance to hire a full-time or part-time carer to relieve and assist in providing personal care to the paralysed patient.

Charitable Funds

7. Apart from the Disability Allowance under the Social Security Allowance Scheme, paralysed patients who are not entitled to CSSA may apply to relevant charitable funds through medical social workers, patients' mutual help groups or voluntary organizations for subsidy to buy medical supplies and daily necessities.

8. Further to the HK \$500,000 already granted to the Hong Kong Neuro-Muscular Disease Association in 2003 to provide financial support for paralysed patients to buy medical supplies, the S K Yee Medical

Foundation has just agreed to allocate an additional \$500,000 from the S K Yee Fund for the Disabled for the same purposes of sponsoring paralysed patients with financial difficulties to purchase medical appliances and rehabilitation consumables. About 20 paralysed patients will benefit from this grant of \$1M.

COMMUNITY SUPPORT SERVICES

Day Care Services

9. Day Care Services for Severely Disabled Persons are provided at six Care and Attention Homes for Severely Disabled, with five places at each Home.

Respite Services

10. Respite services are available in the residential rehabilitation homes for those with temporary residential needs, so as to relieve the burden of the carers from the caring role and to give them a break. With effect from August 2004, the respite service would be expanded to 180 places, including 20 places for people with severe disabilities.

Integrated Home Care Services

11. The Integrated Home Care Services (frail cases) would be extended to the severely disabled persons in August 2004 to provide holistic care and support services to these persons according to their

individual needs, ranging from meals, home-making, escort to personal care and nursing care.

Counselling Services

12. The medical social workers (MSWs) in public hospitals/clinics and social workers of Integrated Family Services Centres provide counselling support to the paralysed patients and their families to assist them overcome the difficulties encountered. They would also be referred for psychological services from clinical psychologists where necessary.

Home Modifications Services

13. Medical specialists of the Hospital Authority or the occupational therapists (OTs) of the Home-based Training and Support (HBTS) Teams provide the paralysed patients with information about the needed rehabilitation appliances/aids and advice/recommendations on home modifications to facilitate them to live in the community. For paralysed patients living in public housing estates, the Housing Authority would be responsible for the home modification items recommended. For non-public housing tenants but Comprehensive Social Security Allowance (CSSA) recipients, they would be assisted under the CSSA Scheme. For the other patients requiring financial assistance on home modification, they may apply for relevant charitable funds through MSWs.

Training For Carers

14. Prior to discharge from hospital, a multi-disciplinary team in the hospital will assess the rehabilitation needs of individual patients so as to prepare them for the discharge. Physiotherapist (PT) and OT will conduct carer training to enable the carer to acquire the knowledge essential for the caring of the patient at home. Day training or home visitation will be provided by PT and OT to provide continual support to the carer if required.

15. The Community Rehabilitation Network (CRN) under The Hong Kong Society for Rehabilitation provides services and programmes to spinal cord injury patients (including paralysed patients) and their carers, helping them to acquire basic rehabilitation knowledge and self-help skills so as to increase their abilities and confidence in facing the disabilities. The CRN also conducts a programme called “身心自強小組” for people with chronic illness and their carers to handle stress, build up effective communications, positive thinking and work out long term care plans.

16. There are other training programmes for carers provided through the self-help groups and the HBTS Services. The Administration will continue to encourage service operators to strengthen training for the carers and enhancing independent living of the paralysed patients.

ADVICE SOUGHT

17. Members are invited to note the above response to the concerns of the paralysed patients and their carers.

Social Welfare Department

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