

**立法會**  
**Legislative Council**

LC Paper No. CB(2)1021/04-05  
(These minutes have been  
seen by the Administration)

Ref : CB2/PL/WS

**Panel on Welfare Services**

**Minutes of meeting**  
**held on Friday, 18 February 2005 at 10:00 am**  
**in Conference Room A of the Legislative Council Building**

**Members present** : Hon CHAN Yuen-han, JP (Chairman)  
Dr Hon Fernando CHEUNG Chiu-hung (Deputy Chairman)  
Hon James TIEN Pei-chun, GBS, JP  
Hon LEE Cheuk-yan  
Hon Fred LI Wah-ming, JP  
Hon Bernard CHAN, JP  
Hon Mrs Sophie LEUNG LAU Yau-fun, SBS, JP  
Hon TAM Yiu-chung, GBS, JP  
Hon LI Fung-ying, BBS, JP  
Hon Albert CHAN Wai-yip  
Hon Frederick FUNG Kin-kee, JP  
Hon Alan LEONG Kah-kit, SC  
Hon LEUNG Kwok-hung  
Hon Albert Jinghan CHENG

**Member absent** : Dr Hon YEUNG Sum

**Public Officers attending** : Items V and VI  
Ms Linda LAI, JP  
Deputy Secretary for Health, Welfare and Food  
(Family and Women)

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

Item V

Mrs Mary MA  
Commissioner for Rehabilitation  
Health, Welfare and Food Bureau

Item VI

Mr Freely CHENG  
Principal Assistant Secretary for Health, Welfare and Food  
(Family)

Ms Wendy CHEUNG  
Assistant Secretary for Health, Welfare and Food (Family) 3

Miss Yondy LAI  
Social Work Officer (Rehabilitation and Medical Social  
Services) 11, Social Welfare Department

Mr David ROSSITER  
Head of Human Resources, Hospital Authority

Mr Alex LEUNG  
Co-ordinator (Human Resources), Hospital Authority

Mr CHU Ming  
Executive Manager (Medical Services Development)  
Hospital Authority

Dr Deacons YEUNG  
Executive Manager (Professional Service)  
Hospital Authority

Mr SIU Lap-kei  
Senior Labour Officer (Employees' Compensation)  
Labour Department

**Deputations  
by invitation**

: Item V

Hong Kong Neuro-Muscular Disease Association

Mr Raymond LAU  
Chairman

Mr David LING  
Member

Paraplegic & Quadraplegic Association

Ms CHAN Tim-tai  
Member

1<sup>st</sup> Step Association

Mr LEUNG Choy-yan  
Chairman

Ms CHUNG Suet-hing  
Volunteer

Direction Association for the Handicapped

Mr LAW Wai-cheung  
Chairman

Mr YU Wai-keung  
Rehabilitation Resources Officer

Windward Association for the Handicapped

Mr CHAN Chi-lai  
Chairperson

Mr KWAN Pak-wah  
Member

**Clerk in  
attendance**

: Ms Doris CHAN  
Chief Council Secretary (2) 4

**Staff in attendance** : Mr Watson CHAN  
Head (Research and Library Services)

Mr Simon LI  
Research Officer 6

Miss Mary SO  
Senior Council Secretary (2) 8

Miss Maggie CHIU  
Legislative Assistant (2) 4

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**I. Confirmation of minutes**  
(LC Paper Nos. CB(2)832/04-05 and CB(2)855/04-05)

The minutes of meetings held on 10 and 20 January 2005 were confirmed.

**II. Information paper issued since the last meeting**

2. There was no information paper issued since the last meeting.

**III. Items for discussion at the next meeting**  
(LC Paper Nos. CB(2)833/04-05(01) and (02))

3. Members agreed to discuss the issue of the conversion of self-care hostel and home for the aged places into long term care places at the next regular meeting scheduled for 14 March 2005. The Chairman said that she would discuss with the Secretariat after the meeting on the possibility of adding other item(s) for discussion at the next meeting.

**IV. Research outline on “Social Security System in Support of Elderly in Poverty”**  
(LC Paper No. CB(2)538/04-05(05))

4. Head (Research and Library Services) (Head (R&LS)) briefed members on the proposed research on the social security system in support of elderly in poverty in Canada, Australia and Singapore, details of which were set out in the above paper. Head (R&LS) further said that if members endorsed the aforesaid proposed research outline, the expected time for completion of the study would be May 2005 as opposed to April 2005 mentioned in the paper.

5. Ms LI Fung-ying suggested including the social security system on helping the elderly on the Mainland and in Taiwan in the research study.

6. Research Officer 6 (RO6) explained that the reason for not selecting the Mainland system was because the system was presently undergoing many changes. As to the reason for not selecting the Taiwan system, RO6 explained that this was because the Taiwan system was similar to these countries selected for the research study.

7. Members endorsed the proposed research outline on the social security system in support of elderly in poverty in Canada, Australia and Singapore without further query.

**V. Support and assistance for tetraplegic patients living in the community**  
(LC Paper Nos. CB(2)538/04-05(07) and CB(2)833/04-05(03) to (06))

Views of deputations

8. Representatives of the Hong Kong Neuro-Muscular Disease Association, 1st Step Association, Paraplegic & Quadriplegic Association, Direction Association for the Handicapped and Windward Association for the Handicapped presented their views on support and assistance for tetraplegic patients living in the community, details of which were set out in their submissions (LC Paper Nos. CB(2)833/04-05(05) to (06)).

The Administration's response

9. Assistant Director of Social Welfare (Rehabilitation & Medical Social Services) (ADSW(R&MSS)) highlighted the latest progress of enhanced services provided to tetraplegic patients living in the community and their families, details of which were set out in the Administration's papers (LC Paper Nos. CB(2)538/04-05(07) and CB(2)833/04-05(03)). ADSW(R&MSS) added that as at to date, 37 applications for the Care & Attention (C&A) Allowance under the Comprehensive Social Security Assistance (CSSA) Scheme to cover the expenditure required to hire a carer for taking care of the tetraplegic patient at home were received : 19 had already hired a carer using the allowance, 13 cases were granted approval-in-principle to hire a carer, the remaining five were under processing. Notwithstanding the training provided to carers provided by, say, the medical specialists of the Hospital Authority (HA) and occupational therapists of the Home-based Training and Support Teams, a sum of money had also been granted by the Administration to the paralysed patients' self-help groups in December 2004 to enable them to provide their own carer training.

10. Referring to the suggestion made by the Windward Association for the Handicapped that the vocational courses provided by the Vocational Training Council (VTC) to tetraplegic patients should be extended from the current nine months to two years to enable students to fully acquire the necessary employable skills, Commissioner for Rehabilitation (C for R) said that where justified, flexible arrangements would be made by VTC to extend the course duration for completion of the necessary training. C for R further explained that the shorter vocational courses of 9 months were intended for the retraining or skill enhancement of adults or ex-trainees; whereas those which ran for two years were for teenage graduates of special schools who needed additional training on basic skills for adjustment in a work environment.

### Discussion

11. Mr Albert CHENG noted that tetraplegic patients not on CSSA might apply to the Yan Chai Tetraplegic Fund and other relevant charitable funds, such as the S K Yee Medical Foundation managed by the Health, Welfare and Food Bureau and the Samaritan Fund administered by HA, through medical social workers (MSWs) for financial assistance to support their living in the community. Mr CHENG asked the Administration whether it would provide financial assistance to this group of patients should their applications be turned down by all these funds. Mr CHENG pointed out that the fact that MSWs would assist these patients to apply for the relevant funds was a testament that the Administration recognised these patients had genuine need. Moreover, the financial assistance which this group of patients required was long term, whereas the nature of the grants from the charitable funds was generally one-off or temporary.

12. Mr LEE Cheuk-yan said that the Administration should not pass on the responsibility to provide financial assistance to tetraplegic patients not eligible for CSSA to outside charitable organisations. Mr Albert CHAN voiced similar views. As taking care of a tetraplegic patient could cost between \$5,000 to \$10,000-odd a month, Mr LEE said that due consideration should be given to take this point when assessing a family's income in granting financial assistance.

13. Deputy Secretary for Health, Welfare and Food (Family & Women) (DSHWF(F&W)) responded that the Administration was well aware of the plight of tetraplegic patients living in the community. Nevertheless, as resources were finite, it was necessary to target CSSA, which was non-contributory, to the lowest income groups in the community. To meet their special needs arising from disabilities, apart from providing tetraplegic patients not on CSSA with disability allowance, community resources had been mobilised in the form of several charitable funds to subsidise these patients in buying medical supplies and daily necessities where justified. The S Y Kee Medical Foundation and the Samaritan

Fund were cases in point. To better support patients not on CSSA to live in the community and improve their quality of living, the Yan Chai Tetraplegic Fund was established in September 2004 to subsidise these patients, among others, in hiring personal helper which was hitherto not covered by the relevant charitable funds. Although different relevant charitable funds had their own target users and coverage, there was no cause for concern that this would cause much inconvenience to the tetraplegic patients as MSWs would help to identify which funds could best meet their patients' needs. ADSW(R&MSS) supplemented that although the grant approved by the Yan Chai Tetraplegic Fund for hiring personal helper was generally one year, a review would be made three to four months prior to the expiry of the funding period to see if the grant should be extended.

14. Responding to Mr LEE Cheuk-yan's enquiry about the asset/income limit for the Yan Chai Tetraplegic Fund, ADSW(R&MSS) said that there was none. The intention was to give the Fund Committee the greatest flexibility in supporting the applicants on individual case merits. DSHWF(F&W) supplemented that it was precisely the much greater flexibility which private charitable funds could wield over that of the Government in providing financial assistance to tetraplegic patients not entitled to CSSA that the Administration considered it more efficient for the task to be taken up by the latter.

15. Mr Albert CHENG expressed strong dissatisfaction about the Administration evading his question raised in paragraph 11 above. Mr CHENG said that the Administration should admit it if it indeed had no intention to provide financial assistance to needy tetraplegic patients not entitled to CSSA after they failed to receive grants from charitable funds. Mr CHENG further queried how a tetraplegic patient on CSSA could employ an overseas domestic helper if the patient concerned could not produce income proof to support the hire of the helper to the Immigration Department (ImmD).

16. ADSW(R&MSS) advised that ImmD had agreed to accept the approval document of the C&A Allowance issued by the Social Welfare Department (SWD) as financial evidence for processing applications by CSSA recipients for the hire of foreign domestic helpers. To date, 19 CSSA applicants had already hired foreign domestic helpers using the C&A Allowance. Similarly, ImmD had agreed to accept the grant from the Yan Chai Tetraplegic Fund as financial evidence for processing applications by grantees for the hire of foreign domestic helpers. To date, nine grantees had already hired foreign domestic helpers using the grant from the Yan Chai Tetraplegic Fund.

17. Dr Fernando CHEUNG said that the existing disability allowance was generally inadequate to meet the special needs of people with disabilities not entitled to CSSA. To ensure people with disabilities would have adequate means to meet their basic and essential needs regardless of their income, Dr CHEUNG

Action

requested the Administration to seriously consider adopting a social insurance scheme for people with disabilities. Mr LEUNG Kwok-hung echoed similar views. To address the present inconsistency in assessing the needs of people with disabilities, Dr CHEUNG further requested the Administration to consider developing a standardised needs assessment tool for this group of people which could be used for admission to residential homes and for granting disability allowance and other funds. Dr CHEUNG hoped that the development of such a tool would not only focus on the clinical aspect of the disabled person, but would also have regard to the extent of the functional impairment of the individual. Dr CHEUNG further hoped that the two aforesaid suggestions could be incorporated in the Administration's Rehabilitation Programme Plan (RPP) which was aimed for completion in six months' time.

Admin

18. DSHWF(F&W) undertook to convey Dr CHEUNG's suggestions raised in paragraph 17 above to the working group soon to be set up to develop the RPP for its consideration. Responding to Dr CHEUNG's enquiry about the composition of the working group, C for R said that it would have wide representation including service providers and users.

19. Mrs Sophie LEUNG expressed opposition to developing a standardised tool to assess the needs of tetraplegic patients, as this would take away the flexibility currently enjoyed by individual charitable funds in giving out grants to the needy patients.

20. Ms LI Fung-ying said that the Administration should face squarely the problems encountered by tetraplegic patients not entitled to CSSA. In particular, Ms LI urged the Administration to allow recipients of the C&A Allowance to subsidise their family members who gave up their jobs to care for them at home. Mr LEUNG Kwok-hung concurred. Ms LI further requested the Administration to provide information on the number of tetraplegic patients who were on/not on CSSA and the number of non-CSSA tetraplegic patients who were referred to the charitable funds for assistance but were denied assistance.

Admin

21. ADSW(R&MSS) agreed to consider the suggestion of allowing recipients of the C&A Allowance to subsidise their family members who gave up their jobs to care for them at home and revert to members later. ADSW(R&MSS) further agreed to provide the information requested by Ms LI in paragraph 20 above after the meeting.

22. Mr Fred LI shared members' concerns about relying on the charitable funds to provide financial assistance to tetraplegic patients not entitled to CSSA. Mr LI pointed out that apart from the fact that these patients had to try their luck on getting grants from various charitable funds, it was also doubtful whether these funds could ensure their sustainability in the long term if donations to them



Action

dwindled. Although a more flexible approach had been adopted by SWD in granting the C&A Allowance to tetraplegic patients on CSSA to hire foreign domestic helpers, Mr LI said that such an arrangement was far from satisfactory. Notably, the tetraplegic patient was forced to share his/her CSSA monthly payment with his/her helper as the C&A Allowance was not adequate to pay for the daily necessities of the helper such as food, having regard to the fact that overseas domestic helper was not recognised as an eligible member for the purpose of CSSA.

Admin

23. ADSW(R&MSS) agreed to consider the feasibility of providing an additional grant to subsidise meal expenses of a foreign domestic helper who was hired using the C&A Allowance, and revert to members later. ADSW(R&MSS) further said that the main reason why some applications had yet to be approved by the Yan Chai Tetraplegic Fund was because the applicants concerned had yet to provide the necessary medical proof. Referring to a letter from the Yan Chai Hospital rejecting an application for the Yan Chai Tetraplegic Fund without giving any reason tabled at the meeting, DSHWF(F&W) undertook to convey such and other concerns expressed by deputations about the Fund to the Fund Committee for consideration.

24. Mr Frederick FUNG said that a “through-train” approach should be adopted by the Administration to provide support and assistance to tetraplegic patients, thereby obviating the need for these patients to seek such from various Government departments, non-governmental organisations and charitable funds. Mr FUNG further said that he supported the idea of tetraplegic patients living in the community, and considered that there was a need to have in place a policy to better help family carers of tetraplegic patients.

25. Mrs Sophie LEUNG declared that she was a former chairman of the Board of Directors of Yan Chai Hospital in the 1980s. Mrs LEUNG further said that as the Yan Chai Tetraplegic Fund was new, she called upon the public to give more time to the Fund Committee to rectify its deficiencies in the light of the operational experience. Although the Fund had only received over \$8 million donations thus far, efforts would continue to be made to raise money for the Fund. Notwithstanding the participation of the private sector in providing support and assistance to tetraplegic patients, Mrs LEUNG said that this should not preclude the Government from doing its part to help these patients. Mrs LEUNG criticised the existing approach on helping tetraplegic patients and their families as too piecemeal, and urged the Administration to work out an overall strategy in this regard.

26. DSHWF(F&W) responded that the Administration was well aware of the needs of tetraplegic patients who lived in the community and their family members who cared for them. To this end, continuous efforts would be made to

enhance measures and assistance to these patients and their families so as to mitigate the difficulties they encountered. For instance, additional resources would be provided to improving respite services to provide temporary relief to carers. ADSW(R&MSS) also referred members to a series of community support services provided to tetraplegic patients and their carers regardless of whether these patients were on CSSA or not as set out in an information paper for the meeting of the Panel on 19 July 2004 (LC Paper No. CB(2)3078/03-04(03)). On adopting a “through train” approach in helping tetraplegic patients, ADSW(R&MSS) said that this was being done through MSWs who were tasked with the responsibility of matching the needs of their clients with the most appropriate types of services and relevant charitable funds.

27. Mr TAM Yiu-chung shared members’ views that more should be done by the Administration to provide financial assistance to tetraplegic patients who were not entitled to CSSA.

28. On closing, Mr LEE Cheuk-yan proposed the following motion which was unanimously supported by members present at the meeting -

“本委員會強烈要求政府為非綜援全癱病人的特別照顧需要立即設立援助安全網。”

(Translation)

“That this Panel strongly demands the Government to immediately establish a safety net for tetraplegic patients not entitled to Comprehensive Social Security Assistance so as to address their special needs.”

## **VI. Employees’ compensation for Hospital Authority workers infected with SARS on duty**

(LC Paper No. CB(2)833/04-05(07))

29. Principal Assistant Secretary (Family), HWFB introduced the Administration’s paper on the latest position on employees’ compensation for HA workers infected with Severe Acute Respiratory Syndrome (SARS) whilst on duty. Making reference to the powerpoint materials (tabled at the meeting), Head of Human Resources, HA advised members of the latest statistics of the 333 cases claiming to have been infected with SARS whilst on duty as follows - admitted liability (322 cases); non-SARS (two cases); unlikely injury on duty (IOD) (eight cases); and court case (one case).

30. Ms LI Fung-ying asked whether the 333 cases claiming to have been infected with SARS whilst on duty included all full-time, part-time, temporary

staff and civil servants. Ms LI noted from paragraph 11(a) and (b) of the Administration's paper that employees might now lodge their employees' compensation application with the District Court after the 24 months but before the expiry of the 36 months, subject to the Court's approval; and that paid sick leave beyond the 24 months, and up to 36 months, would be extended upon a medical certificate certifying the need of such extended sick leave, without the employees' having to seek the Court's permission. In the light of this, Ms LI asked what action would be taken by HA if these cases could not be settled in the Court upon the expiry of 36 months.

31. Head of Human Resources, HA replied in the positive to Ms LI's first question. As to Ms LI's second question, Head of Human Resources, HA said that HA would continue to look after those people whose cases could not be settled by the end of the 36 months on an individual basis.

32. Mr LEE Cheuk-yan asked whether HA employees who claimed to have contracted SARS whilst on duty had been informed of the latest development on employees' compensation. Mr LEE pointed out that this was of paramount importance in order not to delay those staff classified as non-SARS and unlikely IOD cases from seeking recourse from the District Court.

33. Head of Human Resources, HA confirmed that all HA employees who claimed to have contracted SARS at work were aware of their current status. Head of Human Resources, HA further said that a great deal of work had been put in by HA, the Labour Department and the insurer to make sure that there was substantial evidence to convince themselves that classifying people as non-SARS and unlikely IOD cases were correct. For instance, it was not possible for employees who claimed to have contracted SARS at work if they were on annual leave or working in a hospital which had not admitted SARS patients during the incubation period. Another example was that employees classified as unlikely IOD cases were residents of Amoy Gardens or in some other scenarios such as that.

34. Dr Fernando CHEUNG said that there had been some complaints from the affected employees that HA refused to release to them their medical record. Dr CHEUNG hoped that HA would not punish those staff who took their cases to the court to seek employees' compensation from contracting SARS at work.

35. Head of Human Resources, HA responded that HA would continue to apply a normal policy and procedure in releasing medical records upon patients' request. Employees claiming to have contracted SARS at work were treated no differently from other patients who sought to obtain their medical records. Any employee who had encountered problem in obtaining their medical records from HA was welcome to approach him direct for assistance. Head of Human Resources, HA

further said that no punitive measures would be taken against HA employees who took legal action to seek employees' compensation from the court.

36. Mr TAM Yiu-chung said that HA should set up a fund to take care of the long-term needs of its employees incapacitated by SARS, similar to that established for people who were incapacitated by pneumoconiosis. The Chairman and Mr LEUNG Kwok-hung echoed similar views.

37. DSHWF(F&W) responded that as SARS was a new disease, more time was needed to understand its longer-term effect on recovered SARS patients. The Administration would consider the need of setting up a fund similar to that established for people who were incapacitated by pneumoconiosis for recovered SARS patients after the nature of SARS became better known. In the meantime, the Administration considered that the Trust Fund for SARS was able to tide over the needs of recovered SARS patients on their present economic difficulties. Moreover, HA had agreed to provide long-term free medical care to all these patients for problems relating to SARS.

38. In summing up, the Chairman said that the Panel would continue to monitor the support measures provided to SARS victims.

39. There being no other business, the meeting ended at 12:40 pm.