

**立法會**  
**Legislative Council**

LC Paper No. CB(2)2119/08-09  
(These minutes have been  
seen by the Administration)

Ref : CB2/PL/WS

**Panel on Welfare Services**

**Minutes of meeting**  
**held on Monday, 8 June 2009, at 10:45 am**  
**in Conference Room A of the Legislative Council Building**

- Members present** : Hon Albert CHAN Wai-yip (Chairman)  
Hon CHEUNG Kwok-che (Deputy Chairman)  
Hon Albert HO Chun-yan  
Hon LEE Cheuk-yan  
Hon LEUNG Yiu-chung  
Hon TAM Yiu-chung, GBS, JP  
Hon LI Fung-ying, BBS, JP  
Hon Frederick FUNG Kin-kee, SBS, JP  
Hon WONG Kwok-hing, MH  
Hon Alan LEONG Kah-kit, SC  
Hon LEUNG Kwok-hung  
Hon Paul CHAN Mo-po, MH, JP  
Hon WONG Sing-chi  
Hon WONG Kwok-kin, BBS
- Member absent** : Hon Ronny TONG Ka-wah, SC
- Members attending** : Hon Cyd HO Sau-lan  
Dr Hon LEUNG Ka-lau  
Dr Hon PAN Pey-chyou
- Public Officers attending** : Item IV  
Miss Eliza LEE  
Deputy Secretary for Labour and Welfare (Welfare) 1

Mr Stephen SUI  
Commissioner for Rehabilitation  
Labour and Welfare Bureau

Miss Gloria LO  
Principal Assistant Secretary for Food and Health (Health) 2

Ms Margaret TAY  
Chief Manager (Integrated Care Programs)  
Hospital Authority

Mrs Cecilia YUEN  
Assistant Director of Social Welfare  
(Rehabilitation and Medical Social Services)

Item V

Ms Carol YIP, JP  
Deputy Secretary for Labour and Welfare (Welfare) 2

Mr Henry LAI  
Assistant Secretary for Labour and Welfare (Welfare) 4B

Mr FUNG Pak-yan  
Deputy Director of Social Welfare (Administration)

Mr NG Wai-kuen  
Chief Social Security Officer 1  
Social Welfare Department

**Clerk in attendance** : Miss Betty MA  
Chief Council Secretary (2) 4

**Staff in attendance** : Miss Florence WONG  
Senior Council Secretary (2) 5

Ms Karen LAI  
Council Secretary (2) 2

Miss Maggie CHIU  
Legislative Assistant (2) 4

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**I. Confirmation of minutes**

[LC Paper No. CB(2)1710/08-09]

The minutes of the meeting held on 11 May 2009 were confirmed.

**II. Information paper(s) issued since the last meeting**

2. Members noted that no information papers had been issued since the last meeting.

**III. Items for discussion at the next meeting**

[LC Paper Nos. CB(2)1711/08-09(01) and (02)]

3. Members agreed to discuss the following items proposed by the Administration at the next meeting to be held on 13 July 2009 at 10:45 am –

(a) Progress report on the Child Development Fund; and

(b) Task Force on Poverty.

4. Referring to item 16 of the list of outstanding items for discussion by the Panel, Mr CHEUNG Kwok-che said that the Panel should follow up the subject of how the general public perceived the Comprehensive Social Security Assistance (CSSA) recipients, given that there was misconception and misunderstanding of the recipients. Members agreed to hold a special meeting on 11 July 2009 to discuss and receive views from deputations on the subject.

5. Mr WONG Sing-chi said that although the Panel would discuss the community support services for ex-mentally ill persons under agenda item IV below, he suggested that the Panel should receive views from deputations on the subject. Members agreed. Since the Food and Health Bureau (FHB) assumed the overall responsibility in coordinating the policies and programmes on mental health, which were under the purview of the Panel on Health Services, members agreed that the Panel on Health Services should be invited to hold a joint meeting with this Panel to discuss the support services for ex-mentally ill persons. The joint meeting could be held immediately after the special meeting of the Panel to be held on 11 July 2009. Members further agreed that if a joint meeting could not be arranged on that day, the Panel would discuss and receive views on issues relating to community rehabilitation services for ex-mentally ill persons at the special meeting on 11 July 2009.

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**IV. Community support services for ex-mentally ill persons**  
[LC Paper Nos. CB(2)1711/08-09(03) and (04)]

6. Deputy Secretary for Labour and Welfare (Welfare) 1 (DS(W)1) briefed members on the provision of medical and social rehabilitation services in the community for ex-mentally ill persons as detailed in the Administration's paper. She said that the Hospital Authority (HA) provided medical rehabilitation and community psychiatric services for discharged mentally ill patients of public hospitals, whereas the Social Welfare Department (SWD) and non-governmental organisations (NGOs) jointly provided a range of community support services to cater for the different needs of ex-mentally ill persons. In this regard, HA, SWD and NGOs worked closely together to ensure the effective delivery of rehabilitation services to the ex-mentally ill persons. DS(W)1 added that a number of new initiatives had been launched in recent years to provide ex-mentally ill persons and their families with continuous care and support. Details of the enhanced measures were set out in the Administration's paper.

7. Citing from a recent fatal tragedy at Sham Shui Po in which a three-year-old toddler was allegedly killed by a suspected ex-mentally ill person, Mr WONG Kwok-hing expressed grave concern about the post-discharge follow-up services for ex-mentally ill persons. To his understanding, one social worker had to serve 113 ex-mentally ill persons on average under the Community Mental Health Link (CMHL) in 2007-2008. Mr WONG wondered if the existing manpower and resources were adequate for early identification of those with mental health problems for appropriate and timely treatment.

8. DS(W)1 advised that under HA's existing mechanism, the multi-disciplinary case conferences (MDCC), chaired by psychiatrists would conduct risk assessments for those psychiatric patients who were ready to be discharged and draw up the discharge plans for them.

9. Chief Manager (Integrated Care Programs) of HA (CM(ICP)/HA) added that the discharged mentally ill persons would be provided with a comprehensive range of mental health services in the community setting to facilitate rehabilitation and re-integration into society. Ex-mentally ill persons would be arranged to receive follow-up consultations at HA's psychiatric specialist out-patient clinics (SOPCs). As for higher-risk cases, community psychiatric nurses (CPNs) would follow up on the discharged patients through regular visits to monitor their progress of treatment or rehabilitation. CPNs would refer them to SWD for appropriate post-discharge community support services according to the needs of the patient. Where necessary, the discharged patient would be re-admitted to hospitals.

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10. Referring to the Secretary for Food and Health (SFH)'s reply to a question raised by him at the Council meeting, Mr WONG Sing-chi said that he was surprised to learn that HA did not have statistics on the number of psychiatric patients who had committed suicide or violence within a year after discharge from hospitals in the past five years. This revealed that HA had not paid due attention to the problems and stress faced by ex-mentally ill persons in the community which might escalate to life threatening situations. Mr WONG noted with concern that in many cases, medical social workers (MSWs) were not even informed of the discharge of psychiatric patients. He wondered how SWD collaborated with HA on provision of community support services for ex-mentally ill persons.

11. DS(W)1 said that before a mentally ill patient was discharged, MDCC, comprising psychiatrists, clinical psychologists, occupational therapists, psychiatric nurses and MSWs, would draw up the discharge plans for individual patients, having regard to their medical and welfare needs. MSWs were also involved in the drawing up of discharge plans of individual psychiatric patients. Assistant Director of Social Welfare (Rehabilitation and Medical Social Services) (AD/SW(RMSS)) supplemented that MSWs would be invited to attend MDCC meetings on discharge plans for mentally ill patients as circumstances of the case warranted.

12. Principal Assistant Secretary for Food and Health (Health) 2 (PAS(H)2) added that HA was considering in consultation with the Hong Kong Police Force the feasibility of setting up a database to share information on the commission of offences by ex-mentally ill persons. The issue also involved privacy concerns which needed to be looked at.

13. Ms LI Fung-ying said that despite the Administration had repeatedly advised that it had provided a comprehensive range of services for ex-mentally ill persons, she questioned about the effectiveness of individual services. Pointing out that many relapse cases were due to the stoppage of medication, Ms LI expressed concern about the actions taken by HA if the ex-mentally ill persons did not attend follow-up consultations, especially when they entered employment, and refused to take medication. Besides, noting that the seven support teams under the Recovery Support Programme for Psychiatric Patients in the Community provided a total of 14 400 outreach attendances to 2 800 discharged patients each year, she questioned whether the manpower provision was adequate to provide in-depth services.

14. CM(ICP)/HA responded that ex-mentally ill persons would be arranged to receive follow-up consultations at HA's psychiatric SOPCs, which would also monitor the medication intake of the patients. Where appropriate, injection of medication would be arranged for those who refused to take oral medication. Besides, educational programmes for compliance with treatment had been

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strengthened for family members and carers of psychiatric patients. This apart, CPNs would follow up on the discharged patients through regular visits to patients' home to monitor their progress of treatment and rehabilitation. Currently, around 140 CPNs conducted some 9 000 home visits, and psychiatric nurses would also make outreaching visits to discharged patients if necessary.

15. Mr Albert HO said that as revealed from the inquiry of the Coroner's Court pertaining to a tragedy case occurred in Tin Shui Wai in 2007, the discharge arrangements for psychiatric patients were not strictly observed. As far as the case was concerned, the psychiatric patient was certified ready to be discharged by a junior medical practitioner without notifying MSWs. He urged the Administration to consider adopting a case management approach for high-risk cases and make reference to overseas experience to award a community order requiring ex-mentally ill persons to be re-admitted to hospitals if they failed to attend follow-up consultations and take medication.

16. PAS(H)2 said that the idea of issuing community orders was a new concept which would require careful consideration in the light of the different medical and rehabilitation needs of ex-mentally ill persons. CM(ICP)/HA added that since 2008-2009, HA had introduced the post-discharge community support to frequently re-admitted psychiatric patients programme in the Kowloon West Cluster and New Territories East Cluster. The pilot programme provided round-the-clock support to around 200 frequently re-admitted psychiatric patients on a case management approach. As the programme had just been launched, its effectiveness had yet to be reviewed. Besides, the recovery support programme for psychiatric patients in the community, which was launched in April 2009, also adopted a case management approach. It provided a total of 14 400 outreach attendances to 2 800 discharged patients each year.

17. Mr Frederick FUNG was of the view that ex-mentally ill persons were more vulnerable to distress arising from unemployment. He urged the Administration to strengthen the vocational rehabilitation services, increase the number of job placements in sheltered workshops, and promote the development of social enterprises so as to help ex-mentally ill persons to seek employment.

18. DS(W)1 said that while the Labour Department provided selective placement service to persons with disabilities (PWDs) (including the ex-mentally ill persons), SWD provided various day training and vocational rehabilitation services, such as sheltered workshops and supported employment services, to help enhance the vocational skills of the ex-mentally ill persons with a view to assisting them in making a living in the open market. She added that sheltered workshops provided over 5 000 places and the waiting time was about one year, whereas support employment services provided around 1 600 places and the waiting time was around two months. DS(W)1 further said that the "Enhancing

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Employment of PWDs through Small Enterprise" Project supported NGOs to run small enterprises/business, under which no less than 50% of their employees were PWDs, including ex-mentally ill persons.

19. Mr Frederick FUNG asked about the timetable for extending the service mode of the Integrated Community Centre for Mental Wellness (ICCMW) at Tin Shui Wai to across the territory. Mr FUNG also noted with concern that the Government expenditure on mental health services represented only 0.24% of Gross Domestic Product (GDP) in Hong Kong. As compared with the public expenditure on mental health services in other developed countries (which represented 0.75% to 1% of GDP), he enquired if the Administration would allocate more resources to mental health services.

20. DS(W)1 said that ICCMW at Tin Shui Wai, which had commenced services since March 2009, was the first pilot integrated centre providing one-stop community support and social rehabilitation services for discharged mental patients, persons with suspected mental health problems and their families/carers living in the district. SWD would evaluate the effectiveness of the new service mode and, if found suitable, consider its possible extension to other districts. As regards the resources allocated to mental health services, the total public expenditure on mental health services amounted to over \$3.2 billion each year, representing about 0.24% of Hong Kong's GDP, which was on a par with that in Singapore, higher than that in Korea, and slightly lower than the figure in Japan. She stressed that the Administration would continue its effort to bid for additional resources for mental health services.

21. Mr Alan LEONG said that as learnt from the media reports, owing to the large number of attendees, the follow-up consultation session at psychiatric SOPCs for an ex-mentally ill person was about five minutes only. As told by some deputations, each social worker served 113 ex-mentally ill persons under CMHL and only about 6% of 15 000 discharged mentally ill persons were served by the Community Mental Health Care (CMHC) in 2007-2008. In view of this, Mr LEONG expressed grave concern about the adequacy of manpower and resources allocated to community support services for ex-mentally ill persons.

22. DS(W)1 said that MDCC would draw up discharge plans and arrange suitable rehabilitation services in the community for discharged mentally ill patients based on their clinical conditions. For instance, there were currently a total of about 3 000 places for various residential care services, including long stay care homes (LSCHs), half-way houses (HWHs) and supported hostels (SHOSs) providing residential care and transitional community rehabilitation services for ex-mentally ill persons in need to facilitate their re-integration into the community. Outreaching visits were conducted by social workers and occupational therapists to provide continuous care and support to ex-mentally ill persons in the community under the Community Rehabilitation Day Services

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(CRDS), CMHL and CMHC. Furthermore, support services and educational programmes were also provided to their families/carers.

23. Mr WONG Kwok-kin asked whether the 3 000 residential care places provided for ex-mentally ill persons under LSCHs, HWHs and SHOSs were adequate to meet the demand. Mr WONG further asked about the support services and training provided to their families/carers, such as skills to remind the patients to take medication, knowledge on early identification of needs for re-admission for medical treatment.

24. DS(W)1 responded that as at March 2009, HWHs provided around 1 500 places with some 600 ex-mentally ill persons on the waiting list and the waiting time was around five months. Under normal circumstances, patients in need would file their applications when they were receiving treatment in hospitals and could get a HWH place upon discharge. As for LSCHs, some 1 400 places were provided, and the number of ex-mentally ill persons on the waiting list and waiting time were about 700 and two years respectively. For SHOS, there were 83 places and the average waiting time was about 19 months. DS(W)1 further said that an additional 175 places for LSCHs and 40 places for SHOSs would come on stream in the next three years to meet demand.

25. AD/SW(RMSS) added that the Administration was fully aware of the importance of family members' support for ex-mentally ill persons. Advice and support were provided to family members and carers, such as ways to remind patients to take medication, assistance provided by different departments/organisations, and resources available in the community. In addition, SWD had provided financial support to five self-help organisations for mutual support and experience sharing among family members and carers of ex-mentally ill persons.

26. While raising no objection to the concept of facilitating the ex-mentally ill persons to re-integrate into the community, Mr CHEUNG Kwok-che held the view that the resources allocated to mental health services were inadequate. For instance, a five-minute follow-up consultation session at psychiatric SOPCs was too short for a professional diagnosis. Notwithstanding that additional resources had been provided to enhance the community support services, such resources could not meet the increasing service demand.

27. DS(W)1 responded that since 2001-2002, the Government had provided additional funding to SWD to support a number of new initiatives seeking to strengthen community support services to ex-mentally ill persons and their families/carers and enhance medical social services. The total resources allocated to community support services for ex-mentally ill persons amounted to \$800 million each year. Notably, the number of MSWs at the psychiatric units of public hospitals and clinics had increased from 166 in 2005-2006 to 197 in



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2008-2009, and 10 additional MSWs would be provided in 2009-2010. DS(W)1 stressed that the Administration had endeavoured and would continue to bid for additional resources to enhance community support services to ex-mentally ill persons.

28. Mr CHEUNG Kwok-che remained of the view that the resources allocated to community support services were far from adequate to meet the demand. To his knowledge, CMHLs were each manned by two staff only. Besides, he expressed concern about the co-ordination among HA, SWD and NGOs in the provision of community services for ex-mentally ill persons. He also noted with concern that the Working Group on Mental Health Services had held only two meetings since its establishment in August 2006.

29. Mr LEE Cheuk-yan considered that although the Administration had given an account of the medical and social rehabilitation services in the community for ex-mentally ill persons, it had not addressed the public concern about the potential risks posed by discharged patients on the community at large. This was also unfair to the ex-mentally ill persons if they were discriminated. Mr LEE wondered whether SWD had set concrete targets on various services for ex-mentally ill persons, and whether it had mapped out a long-term development plan on mental health services. Mr LEUNG Yiu-chung and Mr LEUNG Kwok-hung expressed similar concerns.

30. DS(W)1 said that the Working Group on Mental Health Services, chaired by the Secretary for Food and Health (SFH), would assist the Government in reviewing the existing mental health services. As the Working Group was under the purview of FHB, she would convey members' views and concerns to the Working Group. DS(W)1 further said that apart from strengthening the community support services, the Administration had also enhanced the outreaching services for early identification and intervention of mental health problems, and stepped up public education and promotion efforts with a view to enhancing public awareness and understanding of mental health in the community.

31. Responding to Mr LEE Cheuk-yan, AD/SW(RMSS) said that CMHC was launched by SWD in 2005 which aimed at providing support for the recently discharged ex-mentally ill persons or HWH residents in the community mainly through outreaching visits and various support services, in order to help them resolve their adjustment problems and re-integrate into the community. Output standards were agreed between SWD and the 11 NGOs operating CMHC.

32. Dr PAN Pey-chyou said that to his knowledge, the number of violence cases involving psychiatric patients was on the low side. Hence, it was not an easy task for psychiatrists to assess a patient's propensity to violence in the light of limited reference cases. He urged the Administration to take this into

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account in formulating policy on the classification of patients for medical treatment. Dr PAN was very concerned about the coordination between HA and SWD in the provision of community support services to ex-mentally ill persons. While acknowledging that new initiatives, such as CRDS, CMHL and CMHC, had been introduced by SWD to provide various support services to the discharged mental patients and their family members and carers, he held the view that there was room for improving the coordination between the rehabilitation services provided by HA and SWD. In his view, the Administration should rationalize the mental health and support services provided by SWD and HA.

33. DS(W)1 said that the Working Group on Mental Health Services, chaired by SFH and comprising professionals providing medical and rehabilitation services to mental patients as well as academics, would assist the Government in reviewing the existing mental health services. On the service level, MDCC would draw up discharge plans for psychiatric patients having regard to their individual clinical conditions and welfare needs. A mechanism to refer patients for re-admission to hospitals was also in place. At the district level, different service units of SWD and HA worked closely to ensure the effective delivery of rehabilitation services to ex-mentally ill persons. The Administration would keep the situation under review and endeavour to explore room for further improvements to the existing mechanism.

34. Mr LEUNG Yiu-chung was of the view that the recent tragedies involving ex-mentally ill persons had aroused wide concern about the adequacy of the existing medical and social rehabilitation services provided to ex-mentally ill persons. Although additional resources had been allocated to enhance these services, Mr LEUNG held the view that quality, instead of quantity, of services provided to ex-mentally ill persons was of paramount importance. He enquired whether SWD had assessed the shortfall in resources for providing services to fully meet the demand.

35. DS(W)1 said that SWD had secured additional resources to support a number of new initiatives to strengthen the community support services for ex-mentally ill persons and the services provided by MSWs over the past few years. Notably, the average caseload of each MSW stationed at the psychiatric units of HA public hospitals and clinics had been reduced from 1:96 in 2005-06 to 1:78 in 2008-09 and 10 additional MSWs would be provided in the coming year to enhance the medical social services. She added that SWD would continue to bid for additional resources to improve social rehabilitation services.

36. Mr LEUNG Kwok-hung expressed dissatisfaction at the Administration's failure to draw up a long-term plan and provide sufficient community support services to ex-mentally ill persons. In his view, in the absence of service targets, the Administration could not assess the effectiveness of the existing services.

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37. The Chairman expressed concern about the disintegrated services provided by SWD and HA. In his view, the integrated family service centres (IFSCs) should be the key players of the frontline social service teams in outreaching ex-mentally ill persons and persons with suspected mental health problems in the community. Citing the situation of Yat Tung Estate as an example, he pointed out that when over 100 hostel places for ex-mentally ill persons were provided in the estate, the IFSC servicing the district was not informed of the details of discharged psychiatric patients, not to mention the provision of appropriate rehabilitation and support services for these discharged patients. The Chairman held the view that SWD should enhance the communications with other relevant parties and establish a reliable supportive network such that IFSCs could refer suspected mental health cases to MSWs for appropriate follow-up, CPNs or psychiatrists for early identification and intervention of mental health problems. As such, he considered that SWD should allocate extra resources to those IFSCs located at districts with greater demand from ex-mentally ill persons for community support services.

38. Mr Frederick FUNG remained of the view that staying in employment could help ex-mentally ill persons maintain a stable clinical condition. To this end, the Administration should provide more job placements in sheltered workshop. Mr FUNG also urged the Administration to advance its plan for extending the service mode of ICCMW to other districts, with priority given to those districts with relatively more ex-mentally ill persons.

39. Mr Albert HO expressed grave concern about the safety and well-being of children from families with ex-mentally ill persons in the event that family tragedies occurred. He was concerned that these children would be left unattended and considered that these children should be referred to the Family and Child Protective Service Units for follow-up services.

40. Mr Alan LEONG held the view that the Administration lacked a comprehensive and integrated mental health policy. SWD and HA should enhance coordination in the provision of community rehabilitation services to ex-mentally ill persons. He urged the Administration to map out a comprehensive and integrated mental health policy expeditiously, and rationalize the services provided to ex-mentally ill persons in the community.

41. Mr CHEUNG Kwok-che appealed to the Administration to strengthen public education on mental health to enhance public understanding of mental health in the community. In his view, the Administration should provide a concrete timetable for the future development of mental health services, in particular the extension of ICCMWs to all districts, with priority given to those districts with imminent needs. Mr CHEUNG requested the Administration to make periodic report on the work progress of the Working Group on Mental Health Services.

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42. DS(W)1 said that the Administration appreciated views from members and she would convey members' concerns to SLW and SFH. While the Administration had formulated and kept under review the mental health policy, and was providing a comprehensive range of measures and initiatives on mental health services and established mechanism for close collaboration among relevant Government bureaux and departments, the Administration would continue to identify areas for improvements, strengthen the collaboration among departments and enhance integration of medical and social rehabilitation services. The Administration would also review the pilot service mode of ICCMW at Tin Shui Wai in the light of operational experience in mapping out the future development plan of ICCMW in other districts.

**V. Additional provision for social security recipients**

[LC Paper No. CB(2)1711/08-09(05)]

43. Deputy Secretary for Labour and Welfare (Welfare) 2 (DS(W)2) briefed members on the proposal to provide recipients of CSSA and Social Security Allowance (SSA) with an additional one-month payment, as announced by the Financial Secretary (FS) on 26 May 2009. It was estimated that a total of 1.1 million recipients would benefit from the proposal and the estimated financial implication was \$1.8 billion.

44. Mr WONG Kwok-hing welcomed the proposal but was regrettable that the Administration had not acceded to the Hong Kong Federation of Trade Unions' proposal of providing emergency assistance for the unemployed amidst the financial turmoil. Mr WONG said that in view of the one-year-continuous-residence requirement, some unemployed who used to work outside but returned to Hong Kong recently were not eligible for CSSA. He urged the Administration to exercise discretion to waive the one-year-continuous-residence requirement so that such unemployed could receive CSSA. Mr WONG also asked whether new CSSA cases would be provided with the additional one-month payment.

45. DS(W)2 said that FS had already explained the Administration's stance on various occasions on the provision of unemployed assistance. She also explained that all existing CSSA recipients would receive the additional one-month payment. To determine whether discretion should be exercised to waive the one-year-continuous-residence requirement, the Director of Social Welfare (DSW) would take into account all resources available to the applicant and his family members to establish whether there was genuine hardship. Each case would be considered on its own merits.

46. Mr LEUNG Kwok-hung commented that instead of exercising discretion

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to waive the one-year-continuous-residence requirement on a case-by-case basis, the Administration should make a policy change and abolish the requirement. In his view, the additional one-month social security payment to the elderly and the needy were nominal which were far from adequate for the recipients to make ends meet. Mr LEUNG was also disappointed that the relief measures failed to provide assistance to the unemployed who were the most severely affected group under the financial turmoil.

47. DS(W)2 said that the CSSA residence requirements were introduced in 2004 in line with the recommendations of the then Task Force on Population Policy. The requirements provided a rational basis on which public resources were allocated, helped sustain a non-contributory social security system with an increasing demand and stroke a balance between the interests of various sectors of the community. DS(W)2 further said that CSSA was not the only source of assistance available for those in need. When there were proven needs, other forms of assistance, such as emergency relief, temporary cash grants from charitable trust funds and assistance in kind were available. SWD staff would, having regard to individual circumstances, render appropriate assistance to those in need.

48. Mr Federick FUNG asked whether consideration could be given to providing the one-month additional payment also to those CSSA applicants whose applications were rejected on the ground that they could not meet the CSSA residence requirements. In response, DS(W)2 stressed that the targets of the proposal were CSSA and SSA recipients. Other forms of assistance were available for others in need. When a CSSA applicant was identified to have other welfare needs, no matter whether his application for CSSA was successful or not, SWD staff would refer the case to other appropriate agencies for follow-up.

49. While supporting the funding proposal, Mr LEE Cheuk-yan queried the Administration's rationale for granting the proposed additional payments to recipients of CSSA and SSA. In his view, they were not under the direct hit of the financial turmoil. DS(W)2 said that the one-off measure was proposed in consideration of the profound impacts of the financial turmoil and the fact that many at the grassroots level, including CSSA households and SSA recipients, had also been directly or indirectly affected.

50. Mr LEE Cheuk-yan remained of the view that direct assistance should be provided for the unemployed who, in his view, were those suffered seriously in the recent financial turmoil. Pointing out that the Administration had provided recipients of CSSA with additional one-month and two-month payments in the past two financial years respectively, Mr LEE took the view that the Administration should consider adjusting upwards the CSSA payment levels if it was proven that the current payment levels were inadequate for the recipients at

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times of high inflation and economic downturn.

51. DS(W)2 said the proposed additional payment was a one-off relief measure. The decision to provide additional one-off payments in the past years was based on individual circumstances on each occasion.

52. Mr WONG Sing-chi said that Members belonging to the Democratic Party supported the proposal. Notwithstanding that CSSA and SSA recipients were not mostly hit by the financial turmoil, the need to provide additional payments to the CSSA and SSA recipients had in fact demonstrated that the existing CSSA payment levels were inadequate for the recipients to meet the present day basic needs items such as Internet access charges. Instead of providing one-off additional payments, the Administration should adjust upwards the payment levels. Mr WONG further said that given that the unemployed could not benefit from the package of additional relief measures, the Administration should provide concrete assistance to the unemployed.

53. DS(W)2 highlighted that the main focus of the Administration's measures to tackle the economic downturn was to preserve jobs. In this respect, the Labour Department had launched a series of measures to strengthen employment assistance and support. DS(W)2 added that the introduction of the one-off relief measures was to ease the impacts of the financial turmoil on CSSA and SSA recipients. This did not mean that the Administration considered the existing CSSA and SSA payment rates inadequate. The standard rates of CSSA and SSA would continue to be reviewed annually in accordance with the established adjustment mechanism.

54. In response to Mr Alan LEONG's enquiry, DS(W)2 said that the Administration planned to submit the funding proposal to the Finance Committee (FC) for consideration within June 2009. Subject to the approval of FC, SWD would work towards effecting the payment in August 2009.

55. While supporting the provision of additional payments to CSSA and SSA recipients, the Chairman said that the Government policy could not provide immediate and direct assistance to those low-income group and unemployed, who might not benefit from the package of relief measures.

**VI. Any other business**

56. There being no other business, the meeting ended at 12:48 pm.