

Motion on
“Providing support for family carers”
at the meeting of the Legislative Council on 18 November 2009
Progress Report

Purpose

At the Legislative Council meeting on 18 November 2009, the motion moved by Hon WONG Sing-chi, as amended by Hon CHEUNG Kwok-che, Hon WONG Yuk-man and Hon CHAN Hak-kan on “Providing support for family carers” was carried. The wording of the passed motion is at the Annex.

2. This report briefs Members on the work progress of major areas covered by the motion.

Setting up a ‘subsidy system for carers of persons with disabilities’

3. The Comprehensive Social Security Assistance (CSSA) Scheme provides financial assistance to needy families to help them meet their basic needs. At present, the CSSA Scheme provides higher standard rates for persons with disabilities together with a range of supplements and special grants. These include “Grant to cover fees for Home Help Service/Integrated Home Care Service”, “Grant to cover costs of Enhanced Home and Community Care Services” and “Grant to cover costs of Community-based Support Projects for People with Disabilities and Their Families” for those requiring special attention in caring services. For those medically certified to be in need of constant attendance, a “Care and Attention Allowance” might also be provided to cover the costs of care and attention services at home (including the cost of hiring a carer) on social worker’s recommendation.

4. In fact, the various types of support services provided by the Government to family carers aim at helping them discharge their family responsibilities and alleviating their stress, rather than substituting family functions. We believe that our existing support services can reflect social values and, compared to the provision of subsidies, can better address the needs of family carers.

Enhancing supports for carers

5. The Government has been attaching great importance to the contributions and needs of family carers. This has been one of the key elements of the strategic development of the overall social welfare policy,

including policy on rehabilitation services, elderly services and child care services. We will continue to review from policy and service perspectives, from time to time, the effectiveness and development direction of various welfare services in respect of providing support to services user and their carers.

Day and Community Care Services

6. Regarding day care services for the elderly, there are currently 59 Day Care Centres/Units in the territory, providing a total of 2 254 places of centre-based care services to frail elders who cannot be adequately taken care of by family members during daytime. These services include personal care, nursing care, rehabilitation service, meals and escort service, etc. The Government will continue to allocate resources to increase the number of such places. Following the provision of 20 more places in Tsuen Wan in January 2010, we will further provide a total of 60 additional places in Tai Po, Sham Shui Po and the Southern District in the first quarter of this year. At present, about 3 100 elders in Hong Kong are using the above services on a full-time or part-time basis.

7. Regarding community care services, we have allocated additional resources to set up six Enhanced Home and Community Care Service Teams in December 2008, providing an additional service capacity of 810 places of home care services. The average waiting time for home care services for frail elders has now been reduced to about two months. Besides, we have implemented the Integrated Discharge Support Trial Programme for Elderly Patients to provide “one-stop” support services to elderly hospital dischargees who have difficulty in taking care of themselves. The Trial Programme will run for three years and upon its completion, the Government and the Elderly Commission will evaluate its effectiveness and consider the way forward. To better address the needs of elders and their carers, we will, in collaboration with the EC, look into ways to provide elders with home care services through a more flexible and diversified service delivery mode, and encourage social enterprises and private operators to develop these services.

8. Regarding rehabilitation services, currently, the service centres which provide day training services include Early Education and Training Centres, Special Child Care Centres, Integrated Programme in Kindergarten-cum-Child Care Centre, Training and Activity Centres for Ex-mentally Ill Persons, Day Activity Centres, Sheltered Workshops, Integrated Vocational Rehabilitation Services Centres and Integrated

Vocational Training Centres etc. These centres provide a total of over 19,000 places. To strengthen day training and vocational rehabilitation services, we would take forward the Chief Executive's pledge in 2009-10 Policy Address and continue to increase places for these services to cater for the service needs. In addition, Care and Attention Homes for the Severely Disabled Persons and Community Rehabilitation Day Centres also provide "Day Care Service for Severely Disabled Persons" through a series of day care services, including personal care and nursing service, social skill and rehabilitation services, for severely disabled persons aged between 15 and 59. This service will later be provided in the 16 District Community Support Centres.

Respite Services

9. Regarding child care services, the Government will continue to fund non-governmental organisations to provide flexible child care services to needy families, including the pilot Neighbourhood Support Child Care Project launched in 2008. The Social Welfare Department (SWD) will continue to closely monitor the demand and operation of child care services to ensure that the service demand in different districts can be satisfied. At present, there are still vacancies in the various kinds of child care services.

10. Regarding care services for the elderly, all the subvented residential care homes for the elderly and day care centres for the elderly will continue to provide emergency placement, respite or day respite services to elders who live in the community but need to be taken care of by their family members, so that their carers can spare time for a break or attend to other urgent businesses.

11. Regarding rehabilitation services, we will also continue to provide emergency placement service for persons with disabilities (PWDs) in need to prevent them from exposure to risks due to the lack of care and shelter. The target client group is persons with mental or physical handicap aged 15 or above who are homeless or destitute of care. The service is currently provided by the Wing Lung Bank Golden Jubilee Sheltered Workshop and Home of SWD.

Support to self-help organisations

12. The Government has been supporting and promoting the development of self-help organisations to promote the spirit of self-help and mutual help among PWDs and their families/carers, and to encourage their active participation in the formulation of rehabilitation policies so as to ensure that planned services are tailored in such a way that the special needs of service users can be met. The Government will continue to provide group activities of social psychology, education, development and leisure for persons with visceral disabilities or chronic diseases and their families through the Community Rehabilitation Network, and provides funding support for the operation and development of self-help organisations through the “Development Plan for Self-help Organisations for Persons with Disabilities”.

Provision of training for carers

13. The “District-based Scheme on Carer Training” (the Scheme) launched by the Government in October 2007 covers many aspects, including skills in caring for elders (including demented elders and frail elders), knowledge about common ailments among elders and communication skills with elders. Our aim is to enhance carers’ capability through training so as to alleviate their stress in caring for the elders. At present, there are a total of 33 District Elderly Community Centres participating in the Scheme. Carers who have completed the training will be recruited as carer-helpers, providing care service for elders at the district level. To date, over 900 carers have been trained and another 1 500 are receiving training under the Scheme. In view of the positive response, the SWD will further extend the Scheme to neighbourhood elderly centres and the new round of training will commence in April. We expect that an additional 80 neighbourhood elderly centres will participate in the Scheme and another 4 500 carers will be trained.

14. Furthermore, we also provide community rehabilitation day service for PWDs, including paramedical and psychosocial rehabilitation training services, with a view to helping them enhance their physical functioning and self-care abilities, as well as strengthening their domestic and community living skills. Training programmes and educational courses for PWDs’ family members/carers are also provided to strengthen their caring capacities and relieve their pressure, thereby improving their quality of life. At present, there are four Community Rehabilitation Day

Centres, located at Wan Chai, Kwun Tong, Sha Tin and Tuen Mun respectively, providing services to newly-discharged patients with neurological or physical impairments. In addition, five Training and Activity Centres, located at Wan Chai, Sham Shui Po, Kwun Tong, Tuen Mun and Sha Tin respectively, offer community rehabilitation day services to discharged mental patients.

Cross-departmental collaboration on community support services and case management

15. The Government fully recognises the importance of the joint efforts and collaboration among various departments for continuous improvement in community support services. In this regard, relevant departments have been closely collaborating with each other in order to provide a continuum of community care and support services. We will continue to closely liaise and collaborate with relevant departments to jointly implement various support services.

16. If PWDs, elderly and their carers have other welfare needs, including emotional support, housing and financial needs, etc., they can obtain assistance from the Integrated Family Service Centres (IFSCs). IFSCs will provide suitable services and assistance on a family case approach.

Increasing provision of residential care places for the elderly/PWDs

17. The Government will continue to identify suitable sites for the construction of new subsidised residential care homes throughout the territory, and will keep in close liaison with relevant government departments (e.g. Lands Department, Planning Department, Housing Department and Government Property Agency) to explore the feasibility of constructing residential care homes in new development projects or re-development projects (e.g. public housing estates) under their purview, or converting vacant buildings (e.g. premises of primary and secondary schools which have ceased operation) into residential care homes.

18. As regards, residential care homes for the elderly (RCHEs), five new contract RCHEs will commence service in the next three years, providing a total of about 300 subsidised places and 200 non-subsidised places. Besides, SWD has earmarked sites in another 12 development

projects (including public housing estate development projects, projects undertaken by the Urban Renewal Authority, private development projects and the development of a Government joint-user complex) for the development of new contract RCHEs.

19. On residential services for PWDs, we expect to provide 671 additional places in the coming two years, including converting the former South Kwai Chung Jockey Club Polyclinic and the former Ma Tau Wai Girls' Home into integrated rehabilitation services centres. We will continue our efforts to provide additional subsidised residential care places as undertaken in the 2009-2010 Policy Address. We have also earmarked sites in another six development projects, including public housing estate developments, projects under the Urban Renewal Authority and conversion of Government premises etc. On the other hand, to encourage private operators of residential care homes for persons with disabilities (RCHDs) to provide high quality services, and to assist the market in developing more service options, thereby increasing the supply of subsidised places, the Government is in the course of drafting the Residential Care Home (Persons with Disabilities) Bill (the Bill) and plans to introduce the Bill into the Legislative Council in the 2009-10 legislative session to implement a licensing scheme for RCHDs. We will also introduce a pilot Bought Place Scheme (BPS) and other complementary measures. Regarding the framework of the pilot BPS, the Government consulted the Rehabilitation Advisory Committee in December last year, and will consult the Legislative Council Panel on Welfare Service in February. Meanwhile, SWD is collecting views from the rehabilitation sector, stakeholders and parents of PWDs in order to formulate operational details of the proposed scheme.

Recent developments of the Hospital Authority Drug Formulary and the Samaritan Fund

20. In accordance with established mechanism, the Hospital Authority (HA) regularly appraises new drugs and reviews the list of drugs in the Drug Formulary (the Formulary) as well as the funding scope of the Samaritan Fund on drugs through its expert committees (including the Drug Advisory Committee and the Drug Utilisation Review Committee) which comprise doctors, clinical pharmacologists and pharmacists. The review process takes into account a number of considerations such as scientific evidence, cost effectiveness, technology

advances in treatment options concerned, actual experience in the use of the drugs as well as the views of professionals and patient groups. As at October 2009, a total of 40 new drugs have been introduced into the general drug and special drug categories of the Formulary since the implementation of the Formulary in July 2005. From 2005 to 2009, eight self-financed drug items (including oncology and rheumatology drugs) have been re-categorised as those covered by the funding scope of the Samaritan Fund. In the same period, the application of five drugs within the funding scope of the Fund was also expanded.

21. With regard to the level of subsidy on the drug expense of patients provided by the Samaritan Fund, HA takes into account the disposable financial resources of the patient's household, including the amount of disposable income and disposable capital, as well as the projected drug expenses for that year in calculating the amount of subsidy for each patient. Under this basis of calculation, the expense to be borne by patients is capped at 30% of the disposable financial resources of their family. This is to ensure that the quality of life of patients would largely be maintained even if they have to purchase the more costly drugs. HA has relaxed the financial assessment criteria for considering applications for the Samaritan Fund since 2008 (including re-defining the basis for calculation of disposable income and allowable deductions) to better assist needy patients.

22. HA has all along sought to understand and address the concerns of patient groups about the introduction of new drugs or categorisation of drugs in the Formulary through its long established liaison channel. To further enhance its partnership with patient groups, HA established a formal consultation mechanism with patient groups on the Formulary in 2009. HA held the first consultation meeting under this mechanism in May 2009 and invited patient groups to submit their views to HA after the consultation meeting. These initiatives had wide participation from patient groups.

Labour and Welfare Bureau
Food and Health Bureau
January 2010

(Translation)

**Motion on
“Providing support for family carers”
moved by Hon WONG Sing-chi
at the Legislative Council meeting
of Wednesday, 18 November 2009**

**Motion as amended by Hon CHEUNG Kwok-che, Hon WONG Yuk-man and
Hon CHAN Hak-kan**

That, out of care and love rooted in family ethics, family carers (i.e. people taking care of their chronically ill, disabled or elderly family members, or young children without remuneration) work tirelessly and give up their job to look after their ill or elderly family members or young children day and night while facing social, psychological, physical and financial pressures and agony; in order to affirm their contributions to Hong Kong, this Council urges the Government to adopt the following measures to provide support for family carers and review afresh the existing social services to complement such measures:

- (a) to set up a ‘subsidy system for carers of persons with disabilities’, such as providing additional tax allowances, to alleviate their financial burden;
- (b) to recognize that family carers have contributed to the community and they are partners of the Government, and include the services of family carers into the scope of social welfare planning;
- (c) to enhance relief support services for carers so as to enable them to take a respite, which include:
 - (i) adopting a family case approach to manage different categories of persons with disabilities and illness, so as to reduce the chance of family carers developing carer syndrome;
 - (ii) increasing the provision of day care bed service;
 - (iii) increasing the provision of respite care bed service;
 - (iv) having to introduce emergency respite care bed service; and
 - (v) increasing the provision of occasional child care services to provide support for family carers of children with disabilities and other difficulties;
- (d) to acknowledge the important functions of self-help organizations, and provide long-term and stable support for various categories of self-help family carers organizations;

- (e) to set up an inter-departmental group to review afresh the effectiveness of community care support services, and examine how such services can complement the existing social services;
- (f) to turn the Integrated Discharge Support Trial Programme for Elderly Patients into regular services, and provide similar services for persons with disabilities so that they can have discharge support after hospital discharge; and
- (g) to study the provision of training for family carers to enable them to know how to take care of family members living in residential care homes;
- (h) to enhance the selection mechanism of the Drug Formulary, so that more drugs with therapeutic effectiveness but are of higher costs will be included in the Drug Formulary, and increase the amount of subsidy under the Samaritan Fund as well as extend the scope of the Fund to cover more categories of drugs to assist patients in need to purchase drugs not on the Drug Formulary, so that people with chronic illness can be provided with suitable drugs with less side effects;
- (i) to convert vacant school premises to increase residential care places for persons with disabilities, subsidized care and attention places as well as nursing home places, so as to shorten the waiting time for such places; and
- (j) to create more care worker posts to provide additional home care services for those who are waiting for care and attention places as well as nursing home places, so as to strengthen the support for carers.