

立法會
Legislative Council

LC Paper No. CB(2)844/09-10
(These minutes have been
seen by the Administration)

Ref : CB2/PL/WS

Panel on Welfare Services

Minutes of meeting
held on Monday, 11 January 2010, at 10:45 am
in Conference Room A of the Legislative Council Building

Members present : Hon WONG Sing-chi (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 Albert CHAN Wai-yip
Hon Alan LEONG Kah-kit, SC
Hon LEUNG Kwok-hung
Hon Paul CHAN Mo-po, MH, JP
Dr Hon LEUNG Ka-lau
Hon WONG Kwok-kin, BBS
Dr Hon PAN Pey-chyou

Members absent : Hon Frederick FUNG Kin-kee, SBS, JP
Hon Ronny TONG Ka-wah, SC
Hon IP Wai-ming, MH

Public Officers attending : Item IV

Ms Irene YOUNG Bick-kwan
Deputy Secretary for Labour and Welfare (Welfare)2

Ms Betty HO Siu-ping
Principal Assistant Secretary for Labour and Welfare (Welfare) 3

Mrs Kathy NG MA Kam-han, JP
Assistant Director of Social Welfare (Elderly)

Dr LEONG Che-hung, GBS, JP
Chairman, Elderly Commission

Dr Ernest CHUI Wing-tak
Associate Professor
Department of Social Work & Social Administration
The University of Hong Kong

Item V

Ms Grace LUI Kit-yuk
Deputy Secretary for Home Affairs (1)

Mrs Carol HO CHENG Ling
Chief School Development Officer (Home School Cooperation)
Education Bureau

Ms Elaine MAK Tse-ling
Assistant Secretary for Home Affairs (Civic Affairs) (2)1

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

Staff in attendance : Mr YICK Wing-kin
Assistant Legal Adviser 8

Miss Florence WONG
Senior Council Secretary (2) 5

Miss Karen LAI
Council Secretary (2) 4

Miss Maggie CHIU
Legislative Assistant (2) 4

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I. Confirmation of minutes and matters arising
[LC Paper No. CB(2)598/09-10]

The minutes of the meeting held 14 December 2009 were confirmed.

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

[LC Paper Nos. CB(2)553/09-10(01), CB(2)554/09-10(01), CB(2)614/09-10(01), CB(2)661/09-10(01) and CB(2)691/09-10(01)]

2. Members noted that the following information papers had been issued since the last meeting –

- (a) a referral from Duty Roster Members regarding the provision of child care and after-school support services;
- (b) a letter from the Working Group on Domestic and Sexual Violence of the Hong Kong Council of Social Service requesting the Panel to follow up issues relating to tackling domestic violence;
- (c) a letter dated 17 December 2009 from the Hong Kong Association of Gerontology regarding the Residential Aged Care Accreditation;
- (d) a letter dated 29 December 2009 from the Hong Kong Human Rights Monitor to the Director of Social Welfare and copied to the Panel regarding the monitoring of residential care homes for the elderly (RCHEs); and
- (e) a referral from Duty Roster Members on suspected fraudulent claims for Comprehensive Social Security Assistance (CSSA) by private RCHEs.

III. Items for discussion at the next meeting

[LC Paper Nos. CB(2)668/09-10(01) and (02)]

3. Members agreed to discuss the following items proposed by the Administration at the next meeting to be held on 8 February 2010 at 10:45 am –

- (a) Pilot Bought Place Scheme for Private Residential Care Homes for Persons with Disabilities; and
- (b) The Reports of the Law Reform Commission of Hong Kong on Guardianship of Children and on International Parental Child Abduction.

4. The Chairman said that the Panel would discuss the Consultancy Study on Residential Care Services for the Elderly initiated by the Elderly Commission (EC) under agenda item IV below. He sought members' views on whether the Panel should receive views from deputations on the subject. Members agreed to hold a special meeting on 6 February 2010 to receive views from deputations on the Consultancy Study initiated by EC.

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IV. Consultancy Study on Residential Care Services for the Elderly initiated by the Elderly Commission

[LC Paper Nos. CB(2)668/09-10(03) to (04) and CB(2)728/09-10(01)]

5. With the aid of PowerPoint presentation, Dr Ernest CHUI, Associate Professor, Department of Social Work & Social Administration, The University of Hong Kong (HKU) highlighted the findings and recommendations of the Consultancy Study on Residential Care Services for the Elderly (the Consultancy Study) conducted by the Department of Social Work and Social Administration of HKU (the Consultant Team). Dr CHUI said that the Consultant Team tasked to explore how to target subsidised residential care services at elders most in need, to promote further development of quality self-financing/private residential care services, and to encourage shared responsibilities among individuals, their families and the society in meeting the long-term care (LTC) needs of the elderly. The Consultant Team had reviewed international experience and trends in the provision of LTC services. The key findings included the relatively high elders' institutionalisation rate in Hong Kong (nearly 7% of elders aged 65 or above) as compared with other developed countries, the global trends of promoting "ageing in place", selective provision of publicly-funded LTC services through means test or financial assessment and implementation of voucher schemes for community care services.
6. Dr CHUI further said that having regard to the international experience and trends in the provision of LTC services, and information collected from the surveys and interviews conducted by the Consultant Team, the latter had made the following recommendations after considered carefully the policy options –
 - (a) devising a viable and sustainable LTC financing model by introducing a selection mechanism, such as a means test, for the provision of subsidised LTC services;
 - (b) re-considering the service matching mechanism; and
 - (c) further development of community care services.
7. Dr LEONG Che-hung, Chairman of EC, advised that while he was also Chairman of the Council of HKU, he had taken up the post only after EC had commissioned the Consultant Team to carry out the Consultancy Study. Dr LEONG said that EC agreed in principle with the Consultant Team's findings and recommendations. He, however, would like to make clear that EC had yet to establish its position in respect of the introduction of a means-test mechanism for the provision of subsidised LTC services. Dr LEONG stressed that promoting ageing in place and increasing the provision of subsidised residential care places were not mutually exclusive. EC had all along urged the

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Administration to continue its efforts in increasing subsidised residential care places to meet the needs of the elderly notwithstanding that it agreed with the policy direction of enhancing community services in the light of the global trend of promoting and elders' preference of "ageing in place". Dr LEONG hoped that the Administration would allocate additional resources for EC to conduct a more in-depth study on possible service enhancement on community care services with a view to further encouraging elders to age in place and thus avoid premature and unnecessary institutionalisation.

8. Mr Albert HO expressed concern about the social impacts of the policy on LTC services. Regarding the consultant's recommendation of introducing a means-test mechanism for subsidised LTC services, Mr HO asked about the initial thinking on the mechanism. He cautioned that the approach of assessing the financial means of the whole family might give rise to the controversy of requiring the elderly to disclose their family members' financial information. This apart, Mr HO was of the view that "ageing in place" might not be feasible for some elders due to the limited space available in their residential flats and inadequacy of community support services.

9. Dr Ernest CHUI of the Consultant Team said that around 80% of the elders residing in RCHEs were on CSSA. Of those who were waiting for subsidised RCHE places, 40% were on CSSA. Currently, elders who passed the Standardised Care Need Assessment Mechanism for Elderly Services (SCNAMES) could, irrespective of their financial means, apply for subsidised RCHE places. The introduction of a means-test mechanism would help the Government focus its limited resources to those who were most in need and shorten the waiting list for subsidised residential care places in the longer term. The Consultant Team had made reference to the means-test mechanisms operating in the provision of CSSA and public housing. Given that both the community care services and residential care services could be regarded as a kind of healthcare services provided for the frail elderly, the Consultant Team recommended that reference could be made to the Medical Fee Waiving Mechanism of Public Hospitals (MFWM) administered by the Hospital Authority (HA). Dr CHUI added that the findings showed that the existing community care services were not comprehensive enough to address the needs of elders. Dr CHUI stressed that the conclusion of the Consultancy Study aimed to put forward various possible policy options for EC's consideration.

10. Dr LEONG Che-hung of EC added that under the existing mechanism, elders who passed SCNAMES would be put on the Central Waiting List (CWL), including those whose families were financially capable of paying fees for quality private RCHEs. Increasing the supply of subsidised residential care places alone could not meet the ever-growing LTC needs of the elderly. Against this background, other factors would be taken into account in allocating subsidised residential care places to elderly most in need. The introduction of a

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means-test mechanism would be a viable option to help direct public resources to those most in need. As he had mentioned earlier, EC had yet to further study the consultant's recommendations. Dr LEONG further said that the existing community care services provided by conventional welfare non-governmental organisations were not comprehensive enough to address the needs of elders. In this regard, EC was also studying the mode of service delivery with a view to developing more elder-friendly community care services.

11. Mr Albert CHAN expressed grave concern about the service quality of private RCHEs in the light of recent reports on elder abuse cases in private homes. He pointed out that the Consultancy Study report had made no recommendation on how to address the elderly abuse problem. He also expressed concern about the independency of the Consultancy Study. Mr CHAN further said that the League of Social Democrats had time and again urged the Administration to increase the provision of residential care places by, say, converting vacant government premises and schools into RCHEs. The Administration should also consider granting concessionary rent to RCHE operators to use the vacant sites for construction of quality residential care homes, and providing additional supplements for elders on CSSA living in private RCHEs, thereby enhancing the service quality of private homes to an acceptance level.

12. While acknowledging the public impression that subvented RCHEs were better than private RCHEs, Dr LEONG Che-hung of EC said that the provision of additional subsidised residential care places for the elderly might be attributable to a number of factors, namely, the availability of vacant premises, the possible local opposition against the construction of RCHEs, the shortage of nursing staff and the quality assurance of the operators. Dr LEONG further said that EC had recommended the Government to reserve sites for the construction of RCHEs in its development plans for new public housing estates and the Home Ownership Scheme flats, and increase the training places for registered nurses.

13. Deputy Secretary for Labour and Welfare (Welfare)2 (DS(W)2) supplemented that the Consultancy Study was initiated by EC. She stressed that the Administration had not formed a position on the Consultant Team's recommendations which would be further considered by EC.

14. Noting that the comparison of the institutionalisation rates in Hong Kong and some developed countries were made with reference to sources of different base years, Ms LI Fung-ying cast doubts on the methodology and the conclusion that Hong Kong recorded a higher institutionalisation rate. She asked whether the Consultant Team had taken into account the differences in socio-economic factors between Hong Kong and other developed countries, such as the living

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environment of elders and their health conditions, and the long working hours of their family members in drawing the conclusion. Besides, Ms LI was opposed to introducing a mandatory trial period for community care services for those "dual option" holders under SCNAMES given that the existing community care services was not comprehensive enough to meet the elders' needs.

15. Dr Ernest CHUI of the Consultant Team explained that the comparison of the institutionalisation rates in various developed countries was made based on figures compiled from various sources with available figures in different years. Nonetheless, the findings shed light on the high institutionalisation rate in Hong Kong. As stated in the report, it was observed that in addition to the limited space available in Hong Kong's residential flats, the health conditions of elders was a critical factor that would trigger institutionalisation of the elderly. As regards the provision of community care services, Dr CHUI referred to Table 2.5 of the Consultancy Report and said that the community care services were underdeveloped having regard to the accessible community care options and the funding from the Government. The Consultant Team was of the view that the recommendation of encouraging "dual option" holders to use community care services before choosing residential services should not be taken forward until the community care services were enhanced to such an extent that they became a viable alternative to residential care.

16. Recognising that not all elders were suitable to age in place due to individuals' health conditions and living environment, Dr LEONG Che-hung of EC said that during his visits to some RCHEs, many elders expressed their preference of ageing at home. It was worth noting that some elders chose to reside in RCHEs because their family members had difficulties in taking care of them. He agreed that requiring the "dual option" holders to use community care services before choosing residential care services should not be taken forward until the community care services were well-developed. Hence, EC had decided to conduct a more in-depth study on enhancement of community care services for the elderly with a view to addressing their needs.

17. Mr CHEUNG Kwok-che was doubtful as to whether the introduction of a means-test mechanism could help shorten the waiting time for RCHE places. Given that many elders were residing in private RCHEs, Mr CHEUNG was gravely concerned about ways to improve the service quality of private homes. He took the view that it was an opportune time to review the Residential Care Homes (Elderly Persons) Ordinance with a view to upgrading the service quality of RCHEs. While agreeing that CWL applicants should be encouraged to use community care services, Mr CHEUNG took the view that the recommendation of introducing a mandatory trial period for community care services should not be taken forward until such services were enhanced. Mr CHEUNG asked how the service delivery would be enhanced through the participation of social enterprises (SEs) and private operators.

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18. Dr Ernest CHUI of the Consultant Team advised that since many of the CWL applicants were on CSSA, the impact of the introduction of a means-test mechanism on the waiting time would be small. Referring to paragraphs 211 to 218 of the report of the Consultancy Study, Dr CHUI highlighted that the Consultant Team had also studied issues relating to quality assurance and accreditation of private RCHEs. While the SWD's Licensing Office of Residential Care Homes for the Elderly (LORCHE) would pay regular and surprise visits to private RCHEs to ensure their compliance with the statutory requirements and SWD would publish basic information on RCHEs on its website, the Consultancy Team was of the view that more comprehensive and user-friendly information could be provided through accessible channels to elders and their carers. Reference could also be made to some overseas countries which required RCHEs to produce an annual report that included information on performance for public use.

19. Dr LEONG Che-hung of EC stressed that the introduction of a means-test mechanism for the provision of LTC services was not the only option being under consideration by EC. On the accreditation of RCHEs, Dr LEONG said that although there was no universally agreed or accepted quality assurance system due to various reasons, the setting up of an accreditation system by private operators under which operators could be accredited of attaining a particular level of service quality would enhance their service quality beyond the licensing requirements. Currently, there was a voluntary Accreditation Scheme for Residential Services for Elders operated by the Hong Kong Association of Gerontology and a quality assurance scheme developed by the Hong Kong Productivity Council. On the enhancement of community care services, Dr LEONG said that the initial thinking was to expand the coverage of services with the participation of SEs which would establish a support network in the neighbourhood to meet the needs of the elders, such as the Pilot Neighbourhood Active Ageing Project.

20. While agreeing that most elders preferred ageing in place, Dr PAN Pey-chyou was of the view that the scope and coverage of the existing community care services were underdeveloped. Moreover, the Administration should step up monitoring of the service delivery of the community care services, and take the lead to develop an accreditation scheme for elderly services to enhance the service quality of private RCHEs.

21. DS(W)2 said that various types of community support services had been provided to elders, including day care services, day respite services, Enhanced Home and Community Care Services, Integrated Discharge Support Trial Programme for Elderly Patients, etc. She agreed that the community care services could be further enhanced. In this respect, the Administration would support EC to conduct a more in-depth study on possible enhancement on community care services, including a more flexible and diverse mode of service delivery.

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22. DS(W)2 further said that the Administration was very concerned about the service quality of RCHEs. Staff of LORCHE had paid over 4 000 inspections to RCHEs on average annually to monitor the service quality of RCHEs in accordance with the licensing requirements. The public was also encouraged to report substandard services and malpractice of RCHEs through various means, including the SWD hotline. Staff of LORCHE would follow up and take necessary actions. This apart, SWD had planned to launch a pilot scheme to provide RCHEs with visiting pharmacist services with a view to enhancing the service of RCHEs.

23. Pointing out that some elder abuse cases were reportedly occurred in licensed RCHEs, Dr PAN Pey-chyou urged the Administration to strengthen its efforts in monitoring the service quality of RCHEs.

24. Mr Paul CHAN requested the Administration to undertake not to reduce resources on LTC services for the elderly. While raising no objection to introducing a means-test mechanism, Mr CHAN strongly urged the Administration to critically examine the administration arrangements in assessing the financial means of the elders, in particular avoided causing unnecessary nuisance to the elders and their family members in the course of the assessment and deterring the needy elders from using the services. In his view, the Administration should further study the co-payment arrangement for residential services so that LTC users could make use of the subsidy to stay at better quality private homes. In the meantime, Mr CHAN urged the Administration to expedite the development of comprehensive community care services for the elderly.

25. DS(W)2 assured members that the Administration had no intention to reduce the resources on LTC services for the elderly. As detailed in the Chief Executive's 2009-2010 Policy Address, the new welfare initiatives, which included enhancing the pace of increasing the provision of additional subsidised residential care places, had demonstrated the Administration's policy commitment in supporting the policy of "ageing in place as the core, institutional care as back-up". In respect of the consultant's recommendations, DS(W)2 said that the Administration generally agreed with the overall thrust of the consultancy study. The Administration was nonetheless open-minded on the recommendations and would fully take into account the views of EC and the stakeholders before working out details of the proposals.

26. Dr LEONG Che-hung of EC added that EC made no tolerance against reduction in resources on elderly services. However, as a matter of fact, increasing the provision of subsidised residential care places alone could not meet the ever-growing demand from the elders. Instead of assuming the overall responsibilities of taking care of elders by the Administration, families and the

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community at large should share the responsibilities too. To this end, the Government should spearhead the participation of the community in supporting the elders to age in place. EC was glad to notice that the Administration had allocated resources for new initiatives, such as the Integrated Discharge Support Trial Programme for Elderly Patients, the Active Ageing and the Pilot Neighbourhood Active Ageing Project.

27. Mr WONG Kwok-kin enquired if the Consultant Team had examined the reasons for the relatively high elders' institutionalisation rate in Hong Kong. He noted with concern that over 90% of "dual option" holders chose residential care services and was of the view that it was probably due to the inadequacy of community care services in meeting the needs of elders. In this respect, Mr WONG urged the Administration to formulate a concrete plan to enhance the community care services for the elderly with a view to encouraging those who chose residential care services to reconsider using community care services and age at home.

28. DS(W)2 responded that further development of community care services was one of the recommendations made by the Consultant Team and an in-depth study would be conducted by EC on possible service enhancement in a more user-friendly and comprehensive manner.

29. Dr Ernest CHUI of the Consultant Team reiterated that the relatively high institutionalisation rate in Hong Kong was attributable to a number of factors, such as the deterioration of health conditions of the elders (e.g. stroke, dementia and bone fracture), the lack of support from family members and the limited space of living environment.

30. Recognising that the existing community care services were not comprehensive enough to address the elders' needs, Dr LEONG Che-hung of EC said that this explained why EC decided to conduct an in-depth study on possible service enhancement, with a view to further encouraging elders to age in place and thus avoiding premature and unnecessary institutionalisation.

31. Mr LEUNG Kwok-hung expressed concern about the inadequacy of both residential and community care services in meeting the needs of the elders. He pointed out that the substandard quality of most private RCHes was owing to the fact that most of the residents were on CSSA and the home fees were pitched at the CSSA level. To actualise the policy direction of supporting "ageing in place", the Administration should allocate more resources to enhance the community care services, in particular the manpower provision for these services.

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32. Mr LEE Cheuk-yan urged the Administration to put more efforts to improve the waitlisting situation taking into account that many elders passed away while waiting for subsidised RCHE places. Expressing no objection to the policy direction of "ageing in place", Mr LEE considered that paragraph 126 of the study report would convey a wrong message to the public that the Government should not increase the provision of new residential places as this was contradictory to the policy direction of "ageing in place". He appealed to the Administration not to trim down its expenditure on residential care services.

33. Mr LEE Cheuk-yan said that he saw no reasons for objecting the introduction of a means-test mechanism for the provision of subsidised LTC services if it could shorten the waiting time of those who were in genuine need for subsidised residential care place. Notwithstanding this, he took the view that the criteria for assessing the financial means of the elderly applicants should be lax given that over 80% of the RCHE residents were on CSSA. In his view, the income limit adopted by HA under MFWM was too stringent. Instead of adopting an all-or-nothing approach, the Administration might consider providing different levels of subsidies in accordance with the affordability of the elders. In view of the relatively low wage level of health workers in RCHEs, Mr LEE cautioned that the Administration should pay due attention to the impact of the statutory minimum wage on the operation of private RCHEs.

34. Casting doubt on the effectiveness of the means-test mechanism in improving the waitlisting situation for subsidised RCHE places, Mr LEUNG Yiu-chung pointed out that the crux of the problem was insufficient subsidised RCHE places in meeting the growing demand arising from the ageing population. In his view, an enhancement in community care services could not solve the problem as the services could not fully meet the needs of the frail elders. Thus the Administration should continue to allocate more resources on the provision of additional subsidised RCHE places to address the LTC need of elders.

35. Dr LEONG Che-hung of EC said that EC had recommended the Administration to allocate more resources for elderly services. As to how to use the resources effectively and provide user-friendly services to address the LTC needs of elders, these were pertinent issues that EC had to further study. This apart, the expansion of community care services would create job opportunities in the community.

36. Dr Ernest CHUI of the Consultant Team added that according to the findings of some researches, premature institutionalisation had its shortcomings, such as premature deterioration of elders' functional capacity and higher possibility of suffering from depression.

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37. While agreeing that a means-test mechanism would inevitably be adopted in long run in the light of the ageing population, the Chairman echoed members' views that its impact on improving the waitlisting situation would be limited given that many elders on the waiting list were on CSSA. Pointing out that public healthcare services were heavily subsidised, the Chairman considered it inappropriate to make reference to MFWM administered by HA in devising the means-test mechanism for residential care services. In choosing an appropriate means-test mechanism, the Administration should be prudent that the mechanism would not prevent those who were in genuine need from using the subsidised residential care services. Lastly, the Chairman urged the Administration to actively consider introducing a voucher scheme for LTC services and allow elders to opt for residential or community care services provided by either the public or private sector to meet their specific needs.

38. Dr Ernest CHUI of the Consultant Team supplemented that paragraphs 196 to 199 of the Study report elaborated on the overseas experiences in the development of community care services through the introduction of a voucher scheme. While implementing a voucher scheme merely for residential care services would likely induce substantial demand for residential care places, resulting in premature or unnecessary institutionalisation, the Consultant Team considered that Government might explore the feasibility of introducing a voucher scheme for community care services. Dr CHUI added that paragraph 106 of the Study report had also explored the feasibility of adopting a sliding scale for subsidy for the LTC services.

39. DS(W)2 assured members that the Administration would continue to provide additional subsidised residential care places for the elderly. Notably, around 500 additional places would be provided through the development of five new contract RCHEs in the next three years, and additional resources could be allocated to increase subsidised RCHE places through purchasing additional places under the Enhanced Bought Place Scheme if the need arose.

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40. To facilitate members' understanding of the existing community care services for the elderly, Mr Albert HO requested the Administration to provide further information in this respect.

V. Work progress of the Family Council

[LC Paper Nos. CB(2)668/09-10(05) and (06)]

41. Deputy Secretary for Home Affairs (1) (DSHA(1)) briefed members on the major initiatives of the Family Council in the coming year as set out in the Chief Executive's 2009-2010 Policy Address, viz. the launch of the Happy Family Campaign and the building of an e-platform Happy Family Info Hub.

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42. Mr LEUNG Kwok-hung said that in the light of changing concept of core families, such as single-parent and elderly singleton families, the scope of work of the Family Council should be extended to cover these non-traditional families. This apart, the Family Council should also consider expanding its membership to include representatives from different stakeholders to gauge views on the needs of different types of families. Mr LEUNG further said that the Family Council should review those policies having impact on families. For instance, the requirement for elders to apply for CSSA on a household basis and the seven-year residence requirement for newly-arrived single mothers to apply for CSSA had prevented these needy people from receiving timely assistance. Mr LEUNG also expressed dissatisfaction at the mode of operation and composition of the Family Council. DSHA(1) said that she would relay Mr LEUNG's views to the Family Council.

43. Mr LEE Cheuk-yan cast doubt about the effectiveness of the Happy Family Campaign in promoting the family core values. In his view, the Administration had yet to attach due importance to supporting families in need. Noting from paragraph 7(d) of the Administration's paper that bureaux/departments had been encouraged to consider family perspectives in its policy formulation process, Mr LEE asked about the responses from bureaux and departments so far. He took the view that the Family Council should urge the Administration to review specific policies having impact on families, such as the provision of statutory paternity leave for working fathers, the implementation of the obstetric service arrangements in public hospitals for Mainland spouses of Hong Kong residents, the seven-year residence requirement for newly-arrived single mothers to be eligible for CSSA, and the immigration arrangements to facilitate family reunion of cross-boundary families.

44. DSHA(1) said that the territory-wide Happy Family Campaign aimed to encourage the community to attach importance to the family, to foster a culture of loving and happy families. She pointed out that while the Family Council would advise the Government on policies and strategies for supporting and strengthening the family, the related programmes and activities across different bureaux and departments would be implemented by the relevant bureaux/department. Responding to Mr LEE Cheuk-yan's concern about the immigration arrangements for cross-boundary families, DSHA(1) said that the Security Bureau was discussing with the relevant Mainland authorities about the implementation of the new arrangements for multiple-entry "visiting relatives" exit endorsements with validity for one year. As regards other issues raised by Mr LEE, DSHA(1) advised that the Family Council had deliberated on the relevant topics. However, the Family Council would need to balance consideration of a multitude of factors in proposing changes to the existing policies. At the request of the Chairman, DSHA(1) agreed to provide records of the relevant discussion of the Family Council after the meeting.

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45. Mr CHEUNG Kwok-che commented that the Administration's paper lacked details about the Happy Family Campaign, such as the meaning of family core values and the key elements to happy family, ways to build a happy family, reasons why some families being unhappy, and whether it would study the causal relationship between unhappy family and poverty.

46. DSHA(1) said that when the work progress of the Family Council was reported to the Panel at previous meetings, members had been advised that the Family Council had identified the family core values, namely "Love and Care", "Respect and Responsibility" and "Communication and Harmony" as the key elements to a healthy and happy family life. DSHA(1) further said that the Family Council would commission a survey-based study on the families in Hong Kong with a view to providing better insights into the state of Hong Kong families. The study would cover areas such as family forms, the quality of family life, family value etc. In addition, the Happy Family Info Hub would provide an e-platform to collate useful information for the family and to facilitate sharing of family-related information and family core values, which could serve as a useful tool and a focal point for exchanging views about the family issues.

47. The Chairman considered that the Family Council should accord priority to study the promotion of family-friendly employment practices which, in his view, was the key element to build a happy family. The Chairman expressed dissatisfaction at the slow progress of the Family Council in promoting family core values. To help develop and implement family education, he said that consideration could be given to setting up a fund or expanding the scope of the Continuing Education Fund to provide subsidy for parental education courses or family education programmes.

48. DSHA(1) said that she would relay the suggestions to the Family Council for consideration. She added that the Family Council had discussed in length the development of the parenting programme. The Family Council would collaborate with various organisations to promote family education. For instance, the Committee on the Promotion of Civic Education had adopted "building health family" as one of the themes for civic education programmes in 2010. In addition, the Happy Family Info Hub would comprise links to the websites of various services for the family, including family education. At the request of the Chairman, the Administration would provide a paper on the projects undertaken by the Family Council to promote family education.

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49. Noting that a survey-based study on families in Hong Kong was being commissioned by the Family Council, Mr LEUNG Yiu-chung asked, in the light of the findings, whether the Council would make recommendations on the concrete measures to address the family problems so identified, and whether the Council would advise the Government on the allocation of additional resources to help unhappy families. DSHA(1) said that the survey findings would provide useful information for the Government in the formulation of family-related policies.

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50. In regard to the recent upsurge of sentiment among the 1980s generation, Mr Albert HO asked whether the Family Council would organise focus groups and workshops to examine the discontent of the 1980s generation and to propose ways to narrow the inter-generational gap. In his view, the Government should be proactive in conducting research on the topic.

51. DSHA(1) advised that as announced in the Chief Executive's 2009-2010 Policy Address, the Family Council would be invited to study a wide range of topics, including juvenile drug abuse, prostitution and the neglect of elderly and children, and find new policy options to alleviate them at the family level. The Family Council would conduct research into the above areas. Nevertheless, she would convey Mr HO's suggestions to the Family Council for consideration.

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52. In concluding the discussion, the Chairman requested the Administration to convey members' views and concerns to the Family Council.

VI. Proposal for formation of a subcommittee to monitor the provision of residential care places and community care services

[LC Paper No. CB(2)668/09-10(07)]

53. The Chairman said that Mr CHEUNG Kwok-che had put forward a proposal for the Panel to appoint a Subcommittee on Residential and Community Care Services for Persons with Disabilities and the Elderly to monitor the provision of residential care places and community care services vide his letter dated 31 December 2009 (LC Paper No. CB(2)668/09-10(07)). Mr CHEUNG Kwok-che then briefly took members through the proposed terms of reference and work plan of the Subcommittee.

54. Members expressed support for Mr CHEUNG Kwok-che's proposal. The following members had indicated their intention to join the Subcommittee : the Chairman, Mr CHEUNG Kwok-che, Mr LEE Cheuk-yan and Mr LEUNG Yiu-chung.

55. The Clerk advised that in accordance with Rule 26 of the House Rules, the maximum number of subcommittees on policy issues was eight. As there were 10 subcommittees on policy issues in action, and the Subcommittee on Residential and Community Care Services for Persons with Disabilities and the Elderly would be automatically put on the waiting list. The Clerk further added that the House Committee (HC) might activate subcommittees on the waiting list after having considered the following –

- (a) the number of vacant slots for Bills Committees;

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- (b) the number of bills likely to be introduced to the Council in the next three months;
- (c) the number of subcommittees on subsidiary legislation; and
- (d) the availability of resources in the Secretariat.

Members agreed to seek the approval of HC at its meeting in late January or early February of 2010 to activate the Subcommittee on Residential and Community Care Services for Persons with Disabilities and the Elderly for it to commence work immediately.

VII. Any other business

56. There being no other business, the meeting ended at 12:50 pm.

Council Business Division 2
Legislative Council Secretariat
5 February 2010