

立法會
Legislative Council

LC Paper No. CB(2)619/12-13
(These minutes have been
seen by the Administration)

Ref : CB2/PL/WS

Panel on Welfare Services

Minutes of meeting
held on Monday, 10 December 2012, at 9:30 am
in Conference Room 1 of the Legislative Council Complex

Members present : Hon CHAN Yuen-han, SBS, JP (Chairman)
Hon CHEUNG Kwok-che (Deputy Chairman)
Hon LEUNG Yiu-chung
Hon TAM Yiu-chung, GBS, JP
Hon Frederick FUNG Kin-kee, SBS, JP
Hon Ronny TONG Ka-wah, SC
Dr Hon LEUNG Ka-lau
Hon Alan LEONG Kah-kit, SC
Hon LEUNG Kwok-hung
Hon Frankie YICK Chi-ming
Hon CHAN Chi-chuen
Hon CHAN Han-pan
Hon LEUNG Che-cheung, BBS, MH, JP
Dr Hon Fernando CHEUNG Chiu-hung
Dr Hon Helena WONG Pik-wan
Hon POON Siu-ping, BBS, MH
Hon TANG Ka-piu

Members absent : Hon Albert HO Chun-yan
Hon Alice MAK Mei-kuen, JP

Members attending : Hon WONG Kwok-hing, MH
Dr Hon CHIANG Lai-wan, JP

**Public Officers : Item III
attending**

Mr YEUNG Ka-sing, GBS, JP
Chairman of the Community Investment and Inclusion
Fund Committee

Ms Wendy LEUNG
Principal Assistant Secretary for Labour and Welfare
(Welfare) 1

Item IV

Mr Stephen SUI
Commissioner for Rehabilitation
Labour and Welfare Bureau

Mr LAM Ka-tai
Assistant Director of Social Welfare (Rehabilitation &
Medical Social Services)

Mr Kenneth WOO
Chief Executive Officer (Subventions/Planning)
Social Welfare Department

Item V

Miss Annie TAM, JP
Permanent Secretary for Labour and Welfare

Ms Irene YOUNG, JP
Deputy Secretary for Labour and Welfare (Welfare) 2

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

Ms LUNG Siu-kit
Assistant Director of Social Welfare (Social Security)

Miss Mandy CHAN
Senior Social Security Officer (Social Security)1
Social Welfare Department

Dr Daisy DAI
Chief Manager (Primary & Community Services)
Hospital Authority

Dr Christina MAW
Senior Manager (Elderly & Community Care)
Hospital Authority

Attendance by : Item V
invitation

Session One

Alliance for Renal Patients Mutual Help Association

Miss Joey CHAN
Community Relations Manager

Sustainability Research Centre

晴女士

Hong Kong Stoma Association

Mr NG Sze-ku
External Vice President

Labour Party

Mr Steve LO Ho-yuen
Representative

1st Step Association

Ms NG Yan-yee
Centre-in-charge

The Hong Kong Society for Rehabilitation

Mr NG Hang-sau
Chief Executive Officer

People of Fortitude · International Mutual-Aid
Association for the Disabled

Ms WANG Su-qin
Chief Executive Officer

Mr LEE Shing-leung

The Hong Kong Society for Rehabilitation Community
Rehabilitation Network Wang Tau Hom Centre

Mr CHAN Tsz-hei
Social Worker

Eastern Renal Support Association

Mr LEE Chi-wing
Committee Member

Democratic Alliance for the Betterment and Progress of
Hong Kong

Miss CHEUNG Fan-lan
Deputy Spokesperson of Welfare Services

Concord Mutual-Aid Club Alliance

Mr LI Chi-on
Vice-chairman

Hong Kong Down Syndrome Association

Ms Heidi HUI
Chairman

Alliance of Concessions Fare in Public Transport for
People with Disabilities

Mr Allen CHAN Kam-yuen
Convener

Hong Kong Blind Union

Mr Billy WONG Chun-hang
Vice-President

Forthright Caucus

Mr LAW Wai-cheung
Vice-President

Hong Kong Chinese Civil Servants' Association, Social
Work Officer Grade Branch

Mr LEUNG Kin-hung
Chairman

Hong Kong Association for Parents of Persons with
Physical Disabilities

Miss NAM Shuk-yee
Chairman

Neighbourhood and Workers' Service Centre

Mr WONG Yun-tat

Hong Kong Rehabilitation Power

Mr YIP Cham-kai
Vice President

器官殘障傷津關注小組

Miss MAN Hoi-i
Staff

Community Rehabilitation Network Patient Mutual
Support Centre

Miss LO Shuk-man
Social Worker

關注傷殘津貼聯席

Ms HO Bo-ching
Officer

The Association of Parents of The Severely Mentally
Handicapped

Mr LEE Chi-yung
Deputy Secretary

The Hong Kong Joint Council of Parents of the
Mentally Handicapped

Mrs LO CHENG Yuk-chun
Chairman

Mr MAK Ka-yue

Mr TANG Siu-chung

Silence

Ms Maggie MAN Suet-yung
Executive Director

Mr LAM Tak-yuen

Session Two

Mr YAN Chun-kit

The Parents' Association of Pre-School Handicapped
Children

Ms LAU Chu-lai
Ex-Co Member

Hong Kong Human Rights Monitor

Mr KWOK Hiu-chung
Officer

Hong Kong Society for the Deaf

Mr WONG Kam-yuen
Social Worker

Mr YU Yun-sing

Association for the Rights of Industrial Accident
Victims

Ms TANG Sze-man

Hong Kong Federation of Handicapped Youth

Mr LEUNG Wai-kin
Policy Advocacy Officer

Hong Kong Chinese Civil Servants' Association, Social
Security Assistants Branch

Mr CHAN Chun-wah
Advisor

Jelly Bean Society Limited

Mr TANG Chi-ming

Hong Ling Renal Club

Mr TAI Wing-ting

Ms YIP Miu-ling

Association for the Rights of Students with Hearing
Impairment

Ms MOK Mei-ling
Chairperson

The Hong Kong Council of Social Service

Ms Mariana CHAN
Chief Officer

Department of Social Work and Social Administration,
The University of Hong Kong

Ms Phyllis WONG King-shui
Fieldwork Supervisor

Hong Kong Association of Squint and Double Vision
Sufferers

Ms Anna CHU
Chairperson

The University of Hong Kong Sau Po Centre on Aging

Dr Donna WONG
Hon Research Fellow

Civic Party

Mr Patrick LEUNG
Eastern District Councillor

Hong Kong Occupational Therapy Association

Mr CHAN Yan-chi
Chair-person

Miss CHAN Yi-hin

Miss YU On-lam

Hong Kong Society for the Special Need

Ms TAI Ngan-yung
Chairman

The Hong Kong Society for Rehabilitation – Centre on
Research and Advocacy

Ms Anchor HUNG
Manager

Hong Kong Parkinson's Disease Association

Ms CHAN Yin
President

Clerk in attendance : Mr Colin CHUI
Chief Council Secretary (2) 4

Staff in attendance : Ms Catherina YU
Senior Council Secretary (2) 4

Miss Karen LAI
Council Secretary (2) 4

Miss Maggie CHIU
Legislative Assistant (2) 4

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

Members noted that no paper had been issued since the last meeting.

II. Items for discussion at the next meeting

[LC Paper Nos. CB(2)290/12-13(01) and (02)]

2. Members agreed to discuss, at the next meeting scheduled for 14 January 2013, the following items proposed by the Administration -

(a) Progress on the implementation of the licensing scheme for residential care homes for persons with disabilities ("PWDs") and related complementary measures; and

(b) Welfare services to support the victims of domestic violence and their families.

3. The Chairman suggested and members agreed that the Panel would receive views from deputations on the above-mentioned subjects at the next regular meeting.

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III. Injection to the Community Investment and Inclusion Fund
[LC Paper Nos. CB(2)290/12-13(03) to (04)]

4. The Chairman drew members' attention to Rule 83A of the Rules of Procedure ("RoP") regarding personal pecuniary interest to be disclosed. The Chairman reminded members to declare interests, if any, in the matter under discussion.

5. At the invitation of the Chairman, Principal Assistant Secretary for Labour and Welfare (Welfare) 1 ("PAS(Welfare)1") briefed members on the Administration's proposal to inject \$200 million into the Community Investment and Inclusion Fund ("CIIF").

Assessment of CIIF applications and effectiveness of social capital development

6. Mr TANG Ka-piu said that the sustainability of the projects and the applicants' financial capacity to continue the operation of the relevant projects upon the expiry of the funding period should not be taken into account when assessing the applications for CIIF. The Administration should set targets to evaluate the effectiveness of the funded projects and make use of CIIF to step up measures in addressing the poverty problems at district level and promote inclusion in the community with a view to reducing local opposition to the introduction of controversial facilities.

7. PAS(Welfare)1 responded that one of the key objectives of CIIF was to help the disadvantaged enhance their self-reliance, thereby relieving them from poverty so that they would have the capacity to help others. The findings of the evaluation studies commissioned by the Administration had affirmed the achievement of this objective. The work of the CIIF Committee therefore complemented that of the Commission on Poverty.

8. PAS(Welfare)1 added that whether the projects could be operated on a self-financing basis upon the expiry of the funding period was not one of the selection criteria in considering whether to approve applications. When assessing applications, the CIIF Committee would put emphasis on the effectiveness of the projects in the building of social networks, mutual trust and spirit of co-operation to facilitate the enhancement of self-reliance of the disadvantaged. PAS(Welfare)1 clarified that CIIF aimed at building social capital in Hong Kong with clear objectives and positioning rather than providing a funding source for social enterprises ("SEs"), although some CIIF-funded projects had turned into SEs upon the expiry of the funding period.

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9. Dr Fernando CHEUNG said that the CIIF Committee was always criticized for the slow pace of assessment of CIIF applications and disbursement of funds, which had all along been a major concern of the Panel. To his knowledge, many organizations had complained about the complex application procedures and close scrutiny in the implementation of the funded projects. For these reasons, some successful applicants had eventually decided not to proceed with their projects. The complicated application procedures had also discouraged many organizations from applying for CIIF. Dr CHEUNG was of the view that the administration of CIIF in the past was regrettable. While he noted that there had been improvements of the administration of CIIF recently, Dr CHEUNG urged the CIIF Committee to speed up the vetting of applications and fund disbursement.

10. Dr Fernando CHEUNG opined that social capital development was intangible and expressed concern about whether the most disadvantaged groups could directly benefit from CIIF. In his view, small organizations which did not have the ability to raise funds would have difficulties in sustaining the projects upon the expiry of the funding period and hence might not meet the eligibility criteria for CIIF. As such, CIIF should not emphasize the sustainability and self-financing aspects of the projects but should focus on helping the disadvantaged. The Administration should formulate policies to help small organizations run community projects.

11. The Chairman of CIIF said that CIIF-funded projects had successfully transformed the culture of the community although its effectiveness was difficult to quantify. Citing the "House Captain" strategy as an example, the Chairman of CIIF said that the participating housing estates had developed a mutual-help culture.

12. The Chairman of CIIF further said that all applications would be handled fairly and impartially. The primary consideration in whether to approve applications was whether the projects would develop mutual trust and self-reliance, and most importantly whether they would promote reciprocity between the public and different sectors. He hoped to see the mainstreaming of social capital and the CIIF Committee would encourage more participation from the business, welfare and government sectors thereby developing a network in helping the disadvantaged to move away from welfare to self-reliance.

13. Noting that CIIF had provided/committed funding of about \$260 million between 2002 and November 2012 (i.e. about an average of \$25 million a year), Mr POON Siu-ping opined that the low success rate in

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obtaining CIIF might be attributable to the cap on the funds to be granted yearly. Mr POON sought information on whether there was any specific target for the number of projects or the amount of funds to be approved for each batch of applications.

14. In response, PAS(Welfare)1 said that there was no ceiling on the number of projects to be approved in a batch. Given that organizations which were interested in applying for CIIF had a better understanding of the concept of social capital in recent years, many new applicants were able to meet the eligibility criteria for CIIF and hence the success rate had increased from 7% in the early batches of applications to 30% in the recent batch of applications. Should the funds being granted remain at an average of \$25 million a year, the proposed injection of \$200 million into CIIF, if approved, would be able to support CIIF up to 2018.

15. The Chairman of CIIF supplemented that there was no ceiling on the amount of funding to be granted, which would largely depend on the nature and duration of the projects.

Promoting inclusiveness and network building in the community

16. Mr CHEUNG Kwok-che recognized the improvements of the administration of CIIF in recent years. While agreeing that social network building was necessary, Mr CHEUNG said that it was important for these networks to promote inclusion, thereby addressing confrontations in the community. Mr CHEUNG pointed out that there were a lot of disputes at district level in the past 10 years on the provision of rehabilitation services for the mentally ill persons, services for persons with disabilities ("PWDs") and elderly. Public education to promote the understanding of these services at district level was necessary but it would be difficult for the prospective service providers to organize the relevant educational activities because of the opposition from local residents to the services. Mr CHEUNG said that the promotion of community inclusiveness and publicity, which aimed to rectify the misperception of controversial services, were inadequate. Mr CHEUNG called on the CIIF to work with members of the local community and step up the promotion of community inclusiveness with a view to gaining support from the local community for the above-mentioned services.

17. The Chairman of CIIF responded that the CIIF encouraged different age groups to participate in social capital development projects. The "House Captain" strategy, in which many youngsters had taken part, was effective in promoting cross-generational care. Through participating in

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the "House Captain" strategy, local residents had become more receptive to the provision of services for the elderly and PWDs in the community. The Chairman of CIIF added that the "Medical-Welfare-Community" collaboration project was one of the flagship models to enhance the development of cross-sectoral partnership. Under the collaboration project, nursing professionals would station in community health centres to promote health and care. The project had helped to bring about a healthy community.

18. In response to the Chairman's enquiry on the scope of the "Medical-Welfare-Community" collaboration project, PAS(Welfare)1 said that the project established a community clinic which was managed by social workers through the integration of nursing and social work professions. The nursing staff taught the residents and the elderly basic knowledge and skills of health care which would facilitate network building in the community. The Administration hoped to extend the project to some more districts and engage more health care practitioners as well as other sectors to take part in the project in the long run.

19. The Chairman of CIIF said that conventionally, medical and health care practitioners were reluctant to approach patients proactively but the "Medical-Welfare-Community" collaboration model had successfully made changes in this regard. At present, Pamela Youde Nethersole Eastern Hospital, United Christian Hospital, Our Lady of Maryknoll Hospital and Princess Margaret Hospital had taken part in various "Medical-Welfare-Community" collaboration projects. Their participation would encourage more hospitals to join the project in the future. The Chairman suggested that the Administration should work with the Hospital Authority in promoting the project.

20. In response to the Chairman's invitation of view, members supported in principle the submission of the relevant funding proposal to the Finance Committee ("FC") for consideration.

IV. Setting up of two rehabilitation service facilities for persons with disabilities in Shek Kip Mei and Tin Shui Wai
[LC Paper Nos. CB(2)290/12-13(05) to (06)]

21. The Chairman drew members' attention to RoP 83A regarding personal pecuniary interest to be disclosed. The Chairman reminded members to declare interests, if any, in the matter under discussion.

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22. At the invitation of the Chairman, Commissioner for Rehabilitation ("C for R") briefed members on the Administration's proposal to set up a new integrated rehabilitation services centre ("IRSC") for persons with disabilities ("PWDs") in Shek Kip Mei Estate, Sham Shui Po ("the Shek Kip Mei IRSC") and a day activity centre ("DAC") cum hostel for severely mentally handicapped persons ("HSMH") in Tin Ching Estate, Tin Shui Wai ("the Ting Ching DAC cum HSMH").

Early consultation at district level

23. Mr TANG Ka-piu said that given that the planning of the Shek Kip Mei IRSC was carried out before its intake, it had substantially reduced the difficulties in obtaining support for the project at the district level.

24. In response, C for R said that the Administration would continue to conduct consultations as early as possible, and where feasible, during the planning stage of similar projects. As regards Mr TANG Ka-piu's suggestion for revitalizing the carpark building in Yat Tung Estate, Tung Chung which had been left vacant for eight years, C for R said that the Administration would give due consideration to the suggestion.

Measures to increase the supply of residential care places for persons with disabilities ("PWDs")

25. Dr Fernando CHEUNG said that the measures adopted by the Administration were ineffective in improving the waitlisting situation of residential care places for PWDs and the problems had deteriorated, particularly in the North District and Yuen Long District. Dr CHEUNG pointed out that there was a serious shortage of supply for day care places in Tin Shui Wai and the waiting time for such places was more than five years. Noting that it had taken the Administration many years to take on board the Shek Kip Mei IRSC project, Dr CHEUNG urged the Administration to expedite the development of future projects and formulate concrete plans on increasing the supply of residential care places for PWDs and shortening the waiting time progressively in the next ten years.

26. C for R responded that the exact number of residential care places to be provided hinged on a number of factors which included the availability of suitable sites/premises, support from the local community, technical feasibility of the projects, etc. As such, it would be difficult for the Administration to publish the planned provision of residential care places until the aforesaid issues were settled. C for R said that the

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Administration recognized the great demand for residential care places for PWDs and would strive to increase the supply by adopting a three-pronged approach in the provision of diversified residential care services for PWDs as set out in paragraph 3 of the Administration paper [LC Paper No. CB(2)290/12-13(05)].

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27. Dr Fernando CHEUNG opined that the worsening of the waitlisting situation of residential care places for PWDs had reflected the Administration's insincerity in solving the problems. Dr CHEUNG requested the Administration to provide written information on the measures to increase the supply and shorten the waiting time for residential care places for PWDs and the planned provision of such places in the next ten years.

28. Assistant Director of Social Welfare (Rehabilitation & Medical Social Services) explained that in response to the strong demand for residential care and day training places for PWDs in Tin Shui Wai and Yuen Long, 50 residential care places and 100 day training places for PWDs would be provided in the Tin Ching DAC cum HSMH. Regarding the information required by Dr Fernando CHEUNG, C for R said that the Administration could only provide information on the prospective provision of residential care and day training places for PWDs by region in 2012-13 and the next five years on the basis of the sites/premises secured. However, related information on the sites/premises under consideration would not be readily available as they were still at a preliminary stage of planning and were subject to change.

29. Mr CHEUNG Kwok-che said that to his understanding, though a site had been allocated for the construction of community complex in a public housing estate, the Housing Department ("HD") had to seek the fund required for the project. The incompatible timing in the availability of the required fund and the sites/premises for residential care places had always been a problem. Mr CHEUNG added that the setting up of a community complex could not catch up with the acute demand for welfare services of the local community. HD's requirement that the vacant areas at the ground level of the domestic blocks in public housing estates could only be used for leisure purposes or as offices of owners' corporations also reduced the supply of premises for welfare services. Mr CHEUNG hoped that the Labour and Welfare Bureau would request HD to consider allowing these areas to be used as welfare facilities.

30. Mr CHEUNG Kwok-che further said that there might be greater demand for day training centres than for residential care places, because

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mentally handicapped persons ("MHPs") generally hoped to have an opportunity to receive training after they left the special schools so that they could maintain their level of skills.

31. Mr CHEUNG Kwok-che said that despite the strong demand for residential care and day training services in the North District, the Administration had difficulties in securing suitable sites for such facilities. To demonstrate its commitment to addressing the inadequate supply of residential care and day training services, the Administration should provide the breakdown of the supply of residential care and day training places for PWDs as well as the planned provision of these services in all 18 districts in the next five years.

Admin

32. Given that there were currently around 3 600 persons on the waiting lists for hostels for moderately MHPs and severely MHPs, Dr CHIANG Lai-wan said that the provision of a total of 150 such places in the Shek Kip Mei IRSC and the Tin Ching DAC cum HSMH fell short of the demand greatly. Dr CHIANG called on the Administration to actively study measures to increase the supply of hostel places for persons with moderate or severe mental handicap. Dr CHIANG requested the Administration to provide a breakdown of the latest waitlisting situation of hostel places for the moderately MHPs and severely MHPs, the existing demand and future provision of such places for each district.

Admin

33. C for R responded that the Administration was mindful of the long waiting time for residential care and day training places for persons with intellectual disabilities and would accord due priority to these services in the planned provision of rehabilitation service places for PWDs. Apart from the 694 additional residential care places to be provided in 2012-2013 and 2013-2014, the Administration was making its best efforts to bid for more resources to increase the supply of rehabilitation service places. The Administration would continue its efforts in this regard.

34. Given that the Government was in control of the public land supply, Dr Fernando CHEUNG found it unacceptable that the Administration was unable to secure suitable sites for hostels for MHPs. Dr CHEUNG expressed dissatisfaction about the Administration's lack of a specific target and plan for the provision of hostels for MHPs though the Panel had made repeated requests in this regard in the past. Dr CHEUNG urged the Administration to formulate a concrete plan for the provision of hostels for MHPs.

35. Dr CHIANG Lai-wan sought information on the birth rate of MHPs

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in Hong Kong and whether there was a decrease in such birth rate in recent years. C for R undertook to obtain the requisite information from the Food and Health Bureau.

36. Mr TAM Yiu-chung said that given the strong demand and the exceedingly long waiting time for residential care places, the 694 additional residential care places to be provided in 2012-2013 and 2013-2014 were far from adequate to meet the great demand. Mr TAM said that the Administration should have holistic planning for the provision of residential care homes for the elderly and PWDs and community care services. The Democratic Alliance for the Betterment and Progress of Hong Kong had all along advocated that the Administration should make a five-year plan and set targets in this regard. The Administration should draw up a timetable for meeting these targets and act proactively according to the plan. Otherwise the problem of shortage of residential care places would persist.

37. Mr Frederick FUNG said that to solve the problem of shortage of residential care places, the pace of the provision of such places should catch up with the growing demand. Mr FUNG said that the Administration should seriously consider the suggestion made by the former Subcommittee to Study the Subject of Combating Poverty and the former Subcommittee on Poverty Alleviation for the provision of residential care homes and hostels for MHPs in government premises such as public housing blocks or Government Office Buildings. Mr FUNG also suggested that the Administration should consider including the provision of such facilities as a condition in the sale of land.

38. In response to the Chairman's invitation of view, members supported in principle the submission of the relevant funding proposal to FC for consideration.

39. The Chairman said that the Administration should provide the information requested by members before submitting the relevant funding proposal to FC.

V. Review of the system for processing applications for Disability Allowance under the Social Security Allowance Scheme

[LC Paper Nos. CB(2)290/12-13(07) to (18), CB(2)313/12-13(01) and CB(2)339/12-13(01) to (13)]

40. At the invitation of the Chairman, Deputy Director of Social Welfare

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(Administration) ("DD(SW)(A)") briefed members on the results of the review of the implementation mechanism for the Disability Allowance ("DA").

41. Permanent Secretary for Labour and Welfare ("PS(LW)") supplemented that in following up the Chief Executive ("CE")'s pledge in his manifesto to allow people with loss of one limb to apply for DA, the Administration would set up an inter-departmental working group ("the Working Group") to study matters relating to DA. Given that the study would involve policies and technical issues which might impact on other social security and welfare schemes, the Working Group would report to and seek directives from the Commission on Poverty ("CoP")'s Social Security and Retirement Protection Task Force ("SSRP Task Force") which was composed of members from various sectors. The Working Group would also complement the work of the SSRP Task Force.

Oral presentation by deputations/individuals

42. A total of 52 deputations/individuals presented views on DA. Their major concerns are summarized in the **Appendix**.

[To allow sufficient time for discussion and with the consent of all members present, the Deputy Chairman extended the meeting for one hour beyond the appointed ending time.]

Discussions

43. In response to the concerns about the Administration's follow-up on the recommendations made by the Ombudsman on the consistency of the assessments of DA applications in its Direct Investigation Report on Granting of Disability Allowance and Processing of Appeals by Social Welfare Department published in 2009 ("the 2009 Direct Investigation Report") , DD(SW)(A) said that the Working Group on Review of the Mechanism for Implementing the DA Scheme ("WG") had refined the medical assessment form ("MAF") with a view to facilitating consistency in medical assessments by public doctors.

44. With regard to the disabling condition eligible for DA, DD(SW)(A) explained that an applicant assessed by a public doctor to be severely disabled as defined under DA (i.e. in a condition broadly equivalent to 100% loss of earning capacity under the Employees' Compensation Ordinance) would be eligible for DA. MAF had been amended to highlight severe disability as the focus of the medical assessment to

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facilitate doctors' assessment on whether the nature and degree of disability of the applicants satisfied the definition of "severe disability" within the meaning of DA. DD(SW)(A) stressed that there was no correlation between the applicant's employment status and eligibility for DA.

45. DD(SW)(A) further said that in assessing patients with "other physical, mental conditions (including visceral diseases)", the WG recommended removing the patient's ability to "work in the original occupation and perform any other kind of work for which he/she is suited " as a criterion for assessment to avoid confusion and misunderstanding amongst doctors as well as achieve objectivity of the assessments. To improve transparency, a doctor was also required to tick one or more of the three qualifying conditions against which the patient was considered suffering from severe disability; or confirm that all the three qualifying conditions were not met if, according to the doctor's assessment, the patient was not suffering from severe disability.

46. In relation to the view on providing internal guidelines for front-line staff, DD(SW)(A) said that a set of internal guidelines and related forms were developed to present clearly the eligibility criteria, the definition of disability under DA, the work flow for processing applications and appeal mechanism for the Social Security Filed Unit ("SSFU ") staff of the Social Welfare Department ("SWD"), medical social workers and medical doctors as well as delineate the respective roles of the different parties involved in the process. The Administration would strengthen the training for staff of relevant departments/professions and conduct annual meetings to review the implementation mechanism for DA. The Administration would consider further refining MAF, as necessary, having regard to the deputations' views. DD(SW)(A) added that to implement the recommendations of WG, SWD would need to adjust its computer system and conduct briefing as well as training for front-line staff. Publicity on the new arrangements would also be arranged. The WG's recommendations were expected to be implemented by the end of 2013 the earliest.

47. Mr WONG Kwok-hing said that a motion urging the Government to comprehensively review the DA scheme was passed at the Council meeting on 9 November 2011. At its meeting on 21 November 2012, the Council passed the motion on "Building an inclusive society for all", under which the Government was urged, among other things, to review the definition of "severely disabled" for DA. Mr WONG said that the review of DA had been dragged on for three years because of the judicial review lodged by a DA applicant against the Administration's decision in respect of his/her

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eligibility for DA. Mr WONG expressed concern about the timetable for allowing people with loss of one limb to apply for DA and sought information on when the Working Group would complete its study on DA.

48. Mr WONG Kwok-hing also pointed out that the Administration had neglected the 2009 Direct Investigation Report's recommendation of removing "100% loss of earning capacity" from the eligibility criteria for DA. Notwithstanding the Administration's removal from the assessment criteria of a person's ability to work in the original occupation and performing any other kind of work, the reference to "100% loss of earning capacity" still appeared as a footnote in the new MAF (Annex III of the Administration's paper (LC Paper No. CB(2)290/12-13(07))). In his view, the Administration was trying to evade the issue.

49. PS(LW) responded that as the scope of the Working Group's study would be related to the work of the SSRP Task Force, the Working Group should seek the SSRP Task Force's directives from time to time. PS(LW) assured members that the Working Group would start its work as soon as possible. The Chairman said that the Administration should provide a timetable for implementing CE's pledge pertaining to allowing people with loss of one limb to apply for DA.

50. Dr Fernando CHEUNG said that the Panel had been following up the subject of DA since the Third Legislative Council and had a lot of discussions on the issue. In addition to the 2009 Direct Investigation Report, the Ombudsman had published an investigation report in 2006 on a complaint against SWD for delay in processing an application for disability allowance. Dr CHEUNG said that it was stated in the 2009 Direct Investigation Report that, at the inception of the DA scheme in 1973, the only rough and ready "guide" to disability was in relation to workmen's compensation. Having regard to the change of time and circumstances, particularly the clear irrelevance of employment to the scheme, the eligibility criteria for DA should be thoroughly reviewed. The Ombudsman also commented that the reference to "100% loss of earning capacity" in the eligibility criteria for DA was misleading and quite irrelevant as the original design of the scheme was not intended to take into account applicants' employability. Moreover, the concept of "earning capacity (謀生能力)" could not apply to some people, e.g. children, which had made it all the more difficult for doctors to make consistent and objective assessment on such people. The Ombudsman was of the view that the reference should be removed from the eligibility criteria. Dr CHEUNG pointed out that the Administration had played tricks by simply rewording "100% 謀生能力" to "100% 賺取收入能力".

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He expressed his great dissatisfaction about the Administration's inaction in taking forward the recommendations made in the 2009 Direct Investigation Report. Given that DA applicants were not subject to a means test, DA was therefore not a poverty alleviating measure. As such, it was inappropriate for CoP to oversee the review of DA.

51. Mr LEUNG Kwok-hung said that according to the report published by the United Nations ("UN"), the definition of disability under the DA scheme was already outdated and the disadvantaged groups were expecting that the Administration would review DA taking into account UN's recommendations. Mr LEUNG said that it was the Government's policy to avoid paying double benefits to an individual at the same time and hence a Comprehensive Social Security Assistance ("CSSA") recipient would not be granted DA even if he satisfied the eligibility criteria. Mr LEUNG opined that the current social security system could only provide the disadvantaged groups with the bare minimum and failed to cater for their other necessities. In his view, CSSA Scheme should be revamped and different payment rates should be set to accommodate the financial needs of the disadvantaged groups so that they could genuinely get help. The payment rates and the special grants under the CSSA Scheme should also be increased to catch up with the rising living cost and the cost of medical/rehabilitation appliances.

52. Mr LEUNG Yiu-chung said that the recommendations made by the Administration could not address the concerns of the deputations about the eligibility for DA. To tackle the problem, the Administration should, taking into account deputations' views, review DA again, which included redefining disability and setting up a mechanism under which, in addition to doctors, other professional bodies, particularly social workers, would be engaged in vetting DA applications. The applicants' ability to integrate with the society should be a primary factor in granting DA. Mr LEUNG called on the Administration to provide, within a short time frame, a timetable and road map for the new review of DA. Regarding the suggestion of engaging other professional bodies apart from doctors in the assessment of DA applications, Dr LEUNG Ka-lau said that it might prolong the processing time of the applications.

53. DD(SW)(A) responded that the policy intent of DA was to offer some financial assistance for the severely disabled to meet their special needs arising from that disability, with no regard to their social and financial position. DA was not intended to cater for different needs of persons with different degrees of disability. The focus of the review conducted by WG was to fine-tune the details of the eligibility criteria for

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DA so as to reflect the policy intent of DA. The assessment on whether the applicants were eligible for DA would be based mainly on medical grounds.

54. PS(LW) reiterated that CE's pledge to allow people with loss of one limb to apply for DA would have an impact on the eligibility criteria for DA and possibly on other social security schemes. It was therefore necessary for the Working Group to seek directives from the SSRP Task Force. In response to the Chairman's enquiry on the reasons why DA was under the purview of CoP, PS(LW) said that as DA was a form of allowance under the Social Security Allowance Scheme, it was appropriate for the SSRP Task Force to examine DA-related matters.

55. Mr TANG Ka-piu said that it had been three years since the release of the 2009 Direct Investigation Report and yet the Administration had not taken any concrete actions to deal with the problems of DA. He opined that the Administration evaded the issue regarding the definition of disability, and the actions proposed by the Administration failed to address the deputations' views and concerns. Mr TANG shared the view that there were three contradictions on DA. Firstly, to be eligible for DA, an applicant should satisfy the criterion of "100% loss of earning capacity" although he/she was not subject to a means test. Secondly, the patient's ability to "work in the original occupation and perform any other kind of work for which he/she is suited" was removed from the assessment criteria. Nevertheless, "100% loss of earning capacity" remained as a criterion for assessment. Thirdly, while some disabled persons who had suffered from certain kind of disabilities (e.g. total loss of sight or loss of functions of both feet) but had a job were eligible for DA, people with loss of one limb were not eligible for DA.

56. Mr TANG Ka-piu added that according to the Hong Kong Council of Social Service, about 60 000 DA recipients were aged below 60. He sought information on the number of these recipients with or without employment. In response, DD(SW)(A) said that the Administration did not have the required figures as the employment status of applicants was not a relevant factor in approving DA applications.

57. Mr TANG Ka-piu said that currently there were about 380 000 holders of Registration Cards for PWDs and 120 000 of them were receiving DA. In other words, there were some 260 000 potential DA applicants. Mr TANG said that both the Ombudsman and the Equal Opportunities Commission considered it necessary to review the definition of disability. He asked whether trying to avoid a large number of DA

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applications was the reason why the Administration did not review the definition of disability. DD(SW)(A) responded that DA and Registration Cards for PWDs served different purposes and hence had different definitions.

58. Dr LEUNG Ka-lau was of the view that a person who could not go to work because of illness or disability should be eligible for DA. He disagreed with the Administration's view that determining whether a person had lost 100% of earning capacity was a professional judgment. In his view, it was solely a factual judgment.

59. Dr LEUNG Ka-lau further said that he had never seen the Checklist for Medical Assessment of Eligibility for Normal Disability Allowance for Disabilities other than Profound Deafness ("the Checklist") (page 3 of Annex I to the Administration's paper) in his 20 odd years' of practice in government hospitals. Dr LEUNG pointed out that notwithstanding that "100% loss of earning capacity" was an eligibility criterion for DA, it was stated in the Checklist that some applicants who had certain types of physical/mental impairments or medical conditions were considered automatically eligible for Normal Disability Allowance ("NDA") on medical grounds even though they had taken up employment.

60. DD(SW)(A) responded that the Checklist had been used since 1994, and to facilitate doctors' reference, the WG recommended to have it incorporated into the new MAF. Chief Manager (Primary & Community Services) of HA supplemented that, to her understanding, many heads of departments of the Hospital Authority ("HA") knew about the Checklist. To ensure its front-line staff were well informed of the new arrangements proposed by WG, HA would conduct briefings and provide training for its front-line staff.

61. Dr LEUNG Ka-lau said that neither had he seen the new MAF. He wondered whether HA had consulted its front-line staff on the new MAF. Dr LEUNG pointed out that doctors were required to fill in a lot of additional information on the patients in the new MAF. In his opinion, the more information the patients had to provide, the more difficult for them to obtain DA. Dr LEUNG cautioned that removing the patient's ability to "work in the original occupation and perform any other kind of work for which he/she is suited" from the assessment criteria would substantially raise the threshold for DA. He reminded deputations to take a close look at the new MAF as it had a direct implication on applicants' eligibility for DA and called on the Administration to review the new MAF.

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62. Noting that "100% loss of earning capacity" was included in the new MAF as a footnote, Dr LEUNG Ka-lau sought clarification on whether persons with a 100% loss of earning capacity would automatically be eligible for DA and those who did not lose 100% earning capacity might, subject to medical assessments, also be eligible for DA. In response, DD(SW)(A) reiterated that there was no direct relation between the applicants' employment status and eligibility for DA. MAF was revised to highlight severe disability as the focus of medical assessments with a view to ensuring consistency and objectivity in medical assessments.

63. Mr CHAN Chi-chuen said that the Administration should not impose stringent restrictions on DA because it worried that the system would be abused or the amount of DA received by applicants was more than their entitlements. Mr CHAN said that a person with earning capacity did not necessarily mean that he could successfully find a job. He therefore considered that "loss of 100% earning capacity" should be removed from the eligibility criteria for DA.

64. Mr CHAN Chi-chuen enquired about whether the amount of DA payable to a DA recipient would be deducted under the current policy if he was hospitalized. DD(SW)(A) responded that if a higher disability allowance recipient was receiving care in residential institutions subsidized by the government or all public hospitals and institutions under HA, or boarding in special schools under the Education Bureau, he/she would only be given NDA to avoid receiving double benefit. Mr CHAN called on the Administration to review the relevant policy, particularly the deduction of DA from children staying in public hospitals.

65. Mr CHAN Chi-chuen enquired about the difficulties the Administration encountered in removing "100% loss of earning capacity" from the eligibility criteria for DA. DD(SW)(A) responded that such a criterion stemmed from the Employees' Compensation Ordinance and was a technical definition. There was no linkage between an individual's eligibility for DA and his employment status.

66. Mr CHAN Han-pan opined that the Administration was passive in handling issues relating to DA and had provided very little financial support for PWDs. Mr CHAN said that PWDs had genuine difficulties in finding a job and suggested that the Administration should strive to promote employment of PWDs.

67. PS(LW) responded that as mentioned by the Secretary for Labour and Welfare in his response to the motion on "Comprehensively reviewing

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the DA scheme" moved at the Council meeting on 9 November 2011, the Administration was always concerned about the employment of PWDs, and had been monitoring the position especially after the implementation of the statutory minimum wage. The Labour Department and SWD had provided services to assist PWDs in securing employment. Vocational training and sheltered employment were also offered to PWDs as appropriate.

68. Mr CHEUNG Kwok-che opined that it would not be meaningful to review the implementation mechanism for DA unless the Administration reviewed the definition of disability and eligibility criteria for DA. Mr CHEUNG said that in reviewing DA, the Administration should cover not only people with loss of one limb and obvious disabilities, but also people with hidden disabilities. Although DA was a form of social security allowance, Mr CHEUNG considered it inappropriate for CoP to oversee the review of DA which would be provided to eligible PWDs with no regard to the economic situation. He was also worried that, given the busy agenda of CoP, the review of DA would be delayed should it be under CoP's purview. The Chairman concurred with Mr CHEUNG and said that such an arrangement was the Administration's attempt to shirk responsibility. Mr TANG Ka-piu echoed that DA should not be handled from the angle of poverty alleviation as the special needs of PWDs should be catered for regardless of their financial position.

69. Mr CHEUNG Kwok-che enquired whether the Administration would set up a committee to undertake the review on DA and the timing of reporting the outcome of the review to the Panel. Mr CHEUNG said that should there be such a committee, representatives from the relevant professional sectors including front-line doctors of the Department of Health ("DH") or HA and stakeholders should be invited to sit on the committee. Stakeholders not sitting on the committee should be consulted in the course of the review. PS(LW) responded that the Working Group would comprise representatives from the Labour and Welfare Bureau, Food and Health Bureau, SWD, DH and HA to study the policies and technical issues relating to DA. The Working Group would soon start its work. The Working Group would report to and seek guidance from the SSRP Task Force as well as the Special Needs Groups Task Force of CoP as appropriate.

Special meeting

70. The Chairman said that the Administration could not thoroughly respond to the concerns and views expressed by members and deputations

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at the meeting or address the recommendations made in the 2009 Direct Investigation Report. Mr TANG Ka-piu suggested that a special meeting should be held before late December 2012 to further discuss DA. Dr Fernando CHEUNG suggested that the Administration should provide concrete responses on the concerns raised at the meeting to the Panel within three months. The Chairman opined that sufficient time should be allowed for the Administration to prepare its response to the concerns and views of members and deputations. Mr CHEUNG Kwok-che proposed that the Panel should aim to hold a special meeting in late February 2013 to discuss with the Administration its response to the views and concerns expressed by members and deputations at the meeting and the progress of the work of the Review Group. Members agreed. The Chairman said that the recommendations of WG on the implementation mechanism for DA should be held in abeyance until after the Panel had discussed the Administration's response at the special meeting to be held in late February 2013.

Motion

71. Dr Fernando CHEUNG intended to move a motion to urge the Administration to immediately conduct a comprehensive review of DA which should cover the eligibility criteria, the vetting and approval process, the amount of allowance, the mechanism for deduction and the channel of appeal, as well as remove "100% loss of earning capacity" as an eligibility criterion for DA. At the request of the Chairman, the Clerk explained that since the motion was proposed during the period of extension of the meeting, rule 24A(f) of the House Rules disallowed the motion to be dealt with at the meeting. Nevertheless, members present concurred with Dr CHEUNG's proposed actions set out in his proposed motion.

VI. Any other business

72. There being no other business, the meeting ended at 2:30 pm.

Panel on Welfare Services

Meeting on Monday, 10 December 2012 at 9:30 am

Review of the system for processing applications for Disability Allowance under the Social Security Allowance Scheme

Summary of views and concerns expressed by deputations/individuals

No.	Name of deputation/individual	Major views and concerns
1.	Alliance for Renal Patients Mutual Help Association [LC Paper No. CB(2)290/12-13(09)]	<ul style="list-style-type: none"> • Many renal patients, who were not able to work and needed the Disability Allowance ("DA") to maintain their health condition, were not being granted the allowance due to the subjectivity of the assessing medical officers. • The DA scheme should be reviewed, in particular the criterion of 100% loss of earning capacity which was misleading and would prompt doctors to reject the DA applications from many chronic disease patients, who had genuine needs for assistance.
2.	Sustainability Research Centre	<ul style="list-style-type: none"> • Support should be offered to carers of patients with disabilities, who had quitted full-time job to take care of the patients. • The payment level of DA, which had not been reviewed since the launch of DA in 1973, was inadequate to support the needs of DA recipients.
3.	Hong Kong Stoma Association [LC Paper No. CB(2)290/12-13(10)]	<ul style="list-style-type: none"> • A set of clear and objective criteria should be developed for doctors to assess the eligibility of DA applicants, and input from specialized doctors should be sought. • People with stomas, many of whom being unemployed due to their poor health, needed the support of DA to lead a dignified life.
4.	Labour Party [LC Paper No. CB(2)339/12-13(01)]	<ul style="list-style-type: none"> • The degree of disabilities of a DA applicant could not be determined by his/her capacity to earn a living. The Government should have the responsibility to support the needs of persons with disabilities ("PWDs") regardless of their employment status. • The definition of "severely disabled" under DA should be broadened to cover patients with chronic illness such as renal diseases.

No.	Name of deputation/individual	Major views and concerns
		<ul style="list-style-type: none"> The Labour Party was of the view that the criterion for DA, i.e. 100% loss of earning capacity should be removed from the definition of "severely disabled" under DA. Reference should be drawn from international standards for developing a set of objective criteria for disability under DA. The Social Welfare Department ("SWD") should provide a detailed review report in response to The Ombudsman's Direct Investigation Report on DA published in 2009.
5.	1st Step Association	<ul style="list-style-type: none"> The Administration should conduct a comprehensive review on DA which was introduced 40 years ago. In view of the all-round care and constant attendance needed by recipients of the Higher Disability Allowance ("Higher DA"), the eligibility criteria for DA should not be judged merely by medical officers. Other professionals such as medical social workers and occupational therapists should be invited to comment on factors such as the level of support from carers/families and the physical environment of applicants' homes. Given that eligible Comprehensive Social Security Assistance ("CSSA") recipients, including PWDs who were at non-severe levels and were not living in institutions, were entitled to receive the Community Living Supplement for the expenses they might incur while living in the community, DA recipients should be provided with the same level of subsidies.
6.	The Hong Kong Society for Rehabilitation [LC Paper No. CB(2)339/12-13(02)]	<ul style="list-style-type: none"> The condition of disabilities listed in the Medical Assessment Form ("MAF") referred only to the body function and structure with no consideration to the abilities of DA applicants in participating in community activities. The Administration should follow the international standards from the International Classification of Functioning, Disability and Health ("ICF") of the World Health Organization ("WHO") to develop a set of objective criteria for disability under DA.
7.	People of Fortitude · International Mutual-Aid Association for the Disabled [LC Paper No. CB(2)290/12-13(12)]	<ul style="list-style-type: none"> The Government should adopt a caring policy to support the needs of PWDs. Different levels of allowance should be provided to cater for the needs of DA recipients with different levels of disabilities. In assessing the eligibility of DA applicants, a panel comprising doctors, specialists and social workers should be set up to provide a fair assessment.

No.	Name of deputation/individual	Major views and concerns
		<ul style="list-style-type: none"> As the eligibility criteria for DA also applied to the \$2-trip transport fare concession for the elderly and PWDs, the Administration should review the related definition of disability so that more PWDs would benefit from the \$2 concessionary fare for public transport.
8.	Mr LEE Shing-leung	<ul style="list-style-type: none"> As a victim of an industrial accident, he was greatly disappointed that though he was not able to work due to the loss of one limb in the accident, he was assessed not meeting the requirement of 100% loss of earning capacity for receiving DA. The Administration should review the vetting procedures and approval mechanism for DA.
9.	The Hong Kong Society for Rehabilitation Community Rehabilitation Network Wang Tau Hom Centre	<ul style="list-style-type: none"> The judgment of a doctor on the eligibility of DA applicants was subjective. Input from medical social workers should be sought for a more thorough understanding of the disabling condition of the applicants.
10.	Eastern Renal Support Association	<ul style="list-style-type: none"> Of the patients suffered from renal failure, many were unemployed and relied on the support from families. They were not eligible for DA since they did not meet the requirement of 100% loss of earning capacity. The existing definition of "disability" under DA should be reviewed.
11.	Democratic Alliance for the Betterment and Progress of Hong Kong	<ul style="list-style-type: none"> The eligibility criteria for DA should be reviewed to provide clear and objective yardsticks for the assessment of disability. Professionals such as social workers should be invited in vetting the eligibility of DA applicants. The rule that a person might only receive either DA or the Old Age Allowance ("OAA"), but not both at the same time, to avoid the receipt of double benefit should be reviewed.
12.	Concord Mutual-Aid Club Alliance	<ul style="list-style-type: none"> It would be very subjective to rely merely on the assessment from medical practitioners for the eligibility of DA applicants. The payment of DA could hardly support the medical expenses of its recipients, many of whom were jobless due to their disabling condition. To enhance the effectiveness of DA, the Administration should remove the requirement of 100% loss of earning capacity from the definition of severely disabled; offer the allowance in accordance with a set of objective criteria for different levels of disabilities; and raise the amount of standard payment of DA.

No.	Name of deputation/individual	Major views and concerns
13.	Hong Kong Down Syndrome Association	<ul style="list-style-type: none"> ● The frequency of case review conducted by SWD to establish a recipient's continued eligibility for DA should be reviewed, to avoid unnecessary stress so caused to parents of severely disabled children suffered from Down Syndrome. ● The Administration should conduct a comprehensive review on DA, with reference to the system in England and Australia.
14.	Hong Kong Neuro-Muscular Disease Association [LC Paper No. CB(2)290/12-13(11)]	<ul style="list-style-type: none"> ● The Administration should take out the requirement of 100% loss of earning capacity from the definition of disability under DA. Instead, reference should be sought from ICF of WHO to take into consideration the following: the applicant's body functions and structure, constraints in participating in social activities, and external environmental factors. ● An appeal mechanism should be established to allow unsuccessful DA applicants to seek re-assessment of their eligibility for the allowance.
15.	Alliance of Concessions Fare in Public Transport for People with Disabilities [LC Paper No. CB(2)339/12-13(03)]	<ul style="list-style-type: none"> ● As the definition of "severely disability" under DA was the same as that for the \$2-trip transport fare concession for the elderly and PWDs, many PWDs in need of the fare concession were not eligible to enjoy the benefit. ● Given that DA was an important financial support to PWDs, the Alliance urged the Administration to conduct a comprehensive review on DA to - <ul style="list-style-type: none"> (a) broaden the definition of "disability" to cover different levels of disabilities; (b) instead of relying merely on the judgment of doctors in assessing the eligibility of an applicant, invite inputs from other professionals who had expertise on the needs of PWDs; and (c) gauge the views from various stakeholders for the enhancement of the scheme.
16.	Hong Kong Blind Union [LC Paper No. CB(2)339/12-13(04)]	<ul style="list-style-type: none"> ● Under the existing vetting mechanism for DA, "total loss of sight" was equivalent to "100% loss of earning capacity". Under such mechanism, a 100% blind person who could earn a living was provided with DA, whereas a person with severe eye disease but not 100% blind and not able to find a job received no support from DA. The related definition should be reviewed so as to help the PWDs in genuine need of support for their disabling condition.

No.	Name of deputation/individual	Major views and concerns
		<ul style="list-style-type: none"> • Different levels of DA should be offered to recipients according to their level of disabilities; and an annual adjustment mechanism should be established to review the payment rate.
17.	Forthright Caucus	<ul style="list-style-type: none"> • The assessment of an applicant's eligibility for receiving DA was subjective. Patients of infantile paralysis having received DA for six to 10 years were assessed to be ineligible to receive DA due to the judgment by another doctor. • The rate (\$2,790) of the Higher DA was not adequate to support severely disabled recipients who were in need of constant care by others in their daily life. Another level of DA should be developed to provide assistance (such as renting medical equipment) to PWDs with financial difficulties but not supported by CSSA.
18.	<p>Hong Kong Chinese Civil Servants' Association, Social Work Officer Grade Branch [LC Paper No. CB(2)290/12-13(13)]</p>	<ul style="list-style-type: none"> • Assessments of the eligibility for DA merely by doctors of the Hospital Authority ("HA") was rather subjective, especially for disabling mental conditions. A set of objective criteria on the eligibility for DA should be developed and applicants' medical records should be referred to for a fair assessment. • If the intent of DA was to offer allowance for severely disabled persons to meet their special needs arising from disability, persons without one limb, one eye or one ear should be eligible for DA. If the Administration insisted on the existing requirement of 100% loss of earning capacity, the underlying rationale of DA should be made clear to the general public.
19.	<p>Hong Kong Association for Parents of Persons with Physical Disabilities [LC Paper No. CB(2)339/12-13(05)]</p>	<ul style="list-style-type: none"> • The existing arrangement that the allowance for Higher DA recipients be lowered to Normal DA during their period of stay at boarding schools under the Education Bureau ("EDB") should be reviewed. A grading system for deducting the related amount of DA should be developed, with reference to the number of days the disabled children returning to their homes during long vacation. • The arrangement that the allowance for Higher DA recipients who had been hospitalised for more than 29 days would be reduced to Normal DA should also be reviewed, as the recipients should pay for the hospital fees from their own pocket. • The eligibility criteria of DA should be reviewed to take into consideration the applicants' abilities in coping with self-care and participating in community activities. DA recipients assessed as severely disabled and permanent disabled should be exempted from case review.

No.	Name of deputation/individual	Major views and concerns
20.	Neighbourhood and Workers' Service Centre	<ul style="list-style-type: none"> The Administration should conduct a review on DA in response to The Ombudsman Direct Investigation Report published in 2009. The scope of the review should include, among others, removing the criterion of 100% loss of earning capacity, developing a set of objective criteria for disability with reference to ICF of WHO, and inviting social workers and psychologists be assessing officers for the applicants' eligibility for DA.
21.	Hong Kong Rehabilitation Power	<ul style="list-style-type: none"> Different levels of DA payments should be developed for recipients with different levels of disabilities. Considering that persons with severe disabilities had the right to receive DA, CSSA recipients suffering from severe disabilities should be entitled to receiving DA at the same time.
22.	器官殘障傷津關注小組	<ul style="list-style-type: none"> According to the requirement of 100% loss of earning capacity under DA, disabled persons with partial impairment of body function and patients of Thalassemia and Haemophilia, despite their special needs arising from the diseases, were not eligible for DA. Doctors specialized in different streams should be invited to provide a more objective assessment on the eligibility of DA applicants.
23.	Community Rehabilitation Network Patient Mutual Support Centre	<ul style="list-style-type: none"> As DA was a non-means-tested scheme providing assistance to recipients for their needs arising from disabling condition, it was contradictory and confusing to use "100% loss of earning capacity" as the overriding eligibility criterion for DA. Such a criterion was misleading. Medical officers would tend to adopt a very stringent yardstick in assessing the applicants' eligibility for the allowance.
24.	關注傷殘津貼聯席 [LC Paper No. CB(2)339/12-13(06)]	<ul style="list-style-type: none"> The Administration should review the arrangement that those Higher DA recipients having received care in a residential institution or boarded in a special school under EDB for more than 29 days at a time, their allowance would be adjusted to the rate of Normal DA (i.e. from \$2,790 to \$1,395). The deduction of DA payment was not justified as the recipients had to pay the fees for staying at hospitals or residential institutions. DA recipients were not eligible for the waiving of medical charges at public hospitals and clinics enjoyed by CSSA recipients (regardless of their level of disabilities) and civil servants' families. The Administration should review the coverage of the related free medical treatment for the benefit of the needy DA recipients.

No.	Name of deputation/individual	Major views and concerns
25.	The Association of Parents of The Severely Mentally Handicapped [LC Paper No. CB(2)313/12-13(01)]	<ul style="list-style-type: none"> ● Given that the Higher DA could not support persons with severe disabilities (such as people with stoma) for the purchase of medical equipment and other services, a special DA for long-term care patients should be developed. ● The existing arrangement that the Higher DA for severely disabled persons boarding in special schools under EDB would be adjusted to Normal DA even during the period they stayed at homes during holidays should be reviewed. The one-month grace period given by SWD for the deduction of DA due to the hospitalization of DA recipients should be extended to three months.
26.	The Hong Kong Joint Council of Parents of the Mentally Handicapped	<ul style="list-style-type: none"> ● It was ridiculous that the requirement of 100% loss of earning capacity also applied to child applicants of DA who had no capacity to work at all. The requirement should be reviewed. ● The case review on the applicants' level of disabilities was too frequent causing unnecessary stress to parents and carers of the severely disabled children concerned. DA should be offered permanently in the case of permanent disablement. If not, the case review should be conducted in a longer time interval.
27.	Mr MAK Ka-yue	<ul style="list-style-type: none"> ● Persons with hearing impairment needed the support of DA for the purchase of hearing aids which cost around \$25,000. It was unfair that the better ear was chosen for the assessment of deafness for the granting of DA.
28.	Mr TANG Siu-chung	<ul style="list-style-type: none"> ● A hearing aid device was crucial for his learning as a student of a registered nursing programme, but he could not afford the cost of \$10,000 to \$20,000. As many people with moderate to high level of hearing impairment were not eligible for receiving DA, he hoped the Administration would review the related eligibility criteria.
29.	Silence [LC Paper No. CB(2)290/12-13(14)]	<ul style="list-style-type: none"> ● The criterion for DA, i.e. hearing loss of 85 decibels, was too stringent and should be lowered. The requirement of assessment in the better ear for defining a person being profoundly deaf under DA was unfair, and should be reviewed.
30.	Mr LAM Tak-yuen	<ul style="list-style-type: none"> ● He was in support of the views expressed by other deputations and individuals in respect of the inadequacies of the existing implementation mechanism for DA.

No.	Name of deputation/individual	Major views and concerns
31.	Mr YAN Chun-kit	<ul style="list-style-type: none"> The subsidies from DA were not adequate to cover the medical expenses of persons with severe disabilities. The Administration should consider adopting a grading system to fix the DA payment in accordance with the recipients' level of disabilities.
32.	The Parents' Association of Pre-School Handicapped Children [LC Paper No. CB(2)339/12-13(07)]	<ul style="list-style-type: none"> The Administration should review DA with a view to enhancing its consistency and transparency. An appeal mechanism should be established under which the appellants would be informed about the reasons why their applications were being turned down. The definition of disability under DA should be broadened to cover patients suffering from Asperger Syndrome and Hyperkinetic Disorder.
33.	Hong Kong Human Rights Monitor [LC Paper No. CB(2)339/12-13(08)]	<ul style="list-style-type: none"> The existing eligibility criterion for DA, i.e. 100% loss of earning capacity, was unfair, and would create negative labeling effect on its recipients. The United Nations ("UN") Convention on the Rights of Persons with Disabilities had been applied to Hong Kong since 2008. The Administration should make reference to the definition of disability under the Convention, i.e. the function of body and its interaction with the community, for DA. The content and layout of MAF and the checklist should be revamped to facilitate assessing officers to make objective judgment on the eligibility of DA applicants. The Administration should review the eligibility criteria and the standard payment rate of DA on a regular basis.
34.	Hong Kong Society for the Deaf	<ul style="list-style-type: none"> CSSA recipients having mild and intermediate level of hearing impairment were required to participate in the Support for Self-reliance Scheme under the CSSA Scheme. They had difficulties in performing their job duties without the support of hearing aids. The Administration in its review on DA should consider offering a special subsidy for these CSSA recipients with disabilities to purchase hearing aid devices.
35.	Mr YU Yun-sing [LC Paper No. CB(2)339/12-13(09)]	<ul style="list-style-type: none"> The 100% loss of earning capacity had no direct relation with the degree of disabilities suffered by the applicants. Such a criterion should be reviewed to facilitate doctors to make a fair judgment on the eligibility of DA applicants.
36.	Association for the Rights of Industrial Accident Victims	<ul style="list-style-type: none"> Many industrial accident victims were not capable to work due to loss of one limb. However, they were not eligible for DA as they could not satisfy the requirement of 100% loss of earning capacity.

No.	Name of deputation/individual	Major views and concerns
		<ul style="list-style-type: none"> • Being victims of industrial accidents outside Hong Kong, some tour guides and drivers did not meet the one-year-continuous-residence requirement (absence from Hong Kong up to a maximum of 56 days during the year immediately before application) of DA. As such, they were not able to meet the eligibility criteria. The Administration should review the related residence requirement.
37.	Hong Kong Federation of Handicapped Youth [LC Paper No. CB(2)290/12-13(15)]	<ul style="list-style-type: none"> • The Administration should remove the requirement of 100% loss of earning capacity for receiving DA, which had no direct relation with the level of disabilities. • The design and layout of MAF should be revamped to list out clear criteria to facilitate assessing officers to check the eligibility of applicants; and to require the officers to state justifications for the assessment in the form. • Public views should be gauged in respect of the review of DA.
38.	Hong Kong Chinese Civil Servants' Association, Social Security Assistants Branch [LC Paper No. CB(2)290/12-13(16)]	<ul style="list-style-type: none"> • MAF should be revised to require the assessing officers to clearly indicate the assessment results in the following categories "not eligible for DA"; "eligible for the Normal DA" and "eligible for the Higher DA". • Additional manpower should be provided at public hospitals to assist medical social workers to process applications for DA from patients stayed in the hospitals. • Noting that the Chief Executive had proposed, in his election manifesto, to allow people with loss of one limb to apply for DA, the deputation requested the Administration to increase the manpower of social security assistants for handling applications from these prospective applicants.
39.	Jelly Bean Society Limited	<ul style="list-style-type: none"> • Renal patients who needed to undergo kidney dialysis were not able to work. Many of them however were assessed to be unable to not meet the requirement of 100% loss of earning capacity for DA. Some of these patients, who were below the age of 65 and did not receive OAA, led a difficult life.
40.	Hong Ling Renal Club	<ul style="list-style-type: none"> • The eligibility criteria for DA should be relaxed to allow persons with visceral diseases, such as patients suffered from renal failure, to receive DA.

No.	Name of deputation/individual	Major views and concerns
41.	Ms YIP Miu-ling	<ul style="list-style-type: none"> ● Some families having children with disabilities faced financial difficulties as the parents had quitted their full-time jobs to take care of their children. Given the expensive cost of medical equipment such as hearing aid devices, the amount of DA was not adequate to meet their needs.
42.	Association for the Rights of Students with Hearing Impairment	<ul style="list-style-type: none"> ● Under the existing vetting mechanism for DA, an applicant was assessed to be profoundly deaf if he had a hearing loss of 85 decibels or above in the better ear. Such a requirement was too stringent and unfair, and should be reviewed. ● The Government should not take DA as a welfare measure which would create negative labeling effect on DA recipients.
43.	The Hong Kong Council of Social Service [LC Paper No. CB(2)339/12-13(10)]	<ul style="list-style-type: none"> ● Currently the definition for "severely disabled" under DA was adopted as an overriding principle for the eligibility criteria of other welfare schemes such as the \$2-trip transport fare concession. In the light of the wide application of the definition, the Administration should review DA expeditiously with the following considerations - <ul style="list-style-type: none"> (a) to review the criterion of a 100% loss of earning capacity and to assess applicants' eligibility in terms of both the degree of functional disability and the applicants' abilities to participate in community activities; (b) to invite, apart from medical officers, other professionals such as social workers to provide input for a more fair assessment of the applicants' eligibility; (c) to allow DA recipients to receive OAA at the same time; (d) to raise the amount of DA payment to support the medical expenses of its recipients; and (e) to regularize the subsidies for PWDs offered by the Community Care Fund.
44.	Department of Social Work and Social Administration, The University of Hong Kong [LC Paper No. CB(2)339/12-13(11)]	<ul style="list-style-type: none"> ● As stated in the concluding observations by the UN Committee on the Rights of Persons with Disabilities, the eligibility criteria for DA were regarded as out of date. The Administration should make reference to international standards, such as the framework of ICF, WHO, to review the related criteria to safeguard the interest of PWDs and improve their quality of life. ● All-round assessment should be invited, including the comments from applicants themselves,

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		<p>their doctors and other professionals, for determining the eligibility of DA applicants.</p> <ul style="list-style-type: none"> When compared to CSSA recipients with the same level of disabilities, the subsidies for DA recipients were lower. In view of the expensive cost for purchasing and renting medical equipment, the Administration should conduct review on DA to introduce different levels of subsidies to recipients according to the expenses incurred by their levels of disabilities.
45.	Hong Kong Association of Squint and Double Vision Sufferers	<ul style="list-style-type: none"> Many patients with severe eye diseases were not eligible to receive DA as they did not meet the requirement of total loss of sight. Such a stringent requirement had deterred many needy patients with eye diseases from applying for DA. The amount of DA should be increased.
46.	The University of Hong Kong Sau Po Centre on Aging [LC Paper No. CB(2)290/12-13(17)]	<ul style="list-style-type: none"> The eligibility criteria for DA were out of date. The Administration should make reference to international standards in working out a set of objective criteria for DA. Reference could be drawn from the Equality Act of England and the framework set out by ICF of WHO.
47.	Civic Party [LC Paper No. CB(2)339/12-13(12)]	<ul style="list-style-type: none"> The eligibility criteria for DA should be relaxed. The conditions of visceral diseases resulting in total disablement should be explicitly listed out in MAF. Special allowance should be provided under DA for purchasing and renting medical equipment. If an applicant was assessed to be permanent disabled, there would be no need for frequent case review. The granting of DA and OAA should be treated separately. The assessment of the eligibility of DA applicants should be made by a panel comprising doctors, social workers and other professionals.
48.	Hong Kong Occupational Therapy Association	<ul style="list-style-type: none"> To address the genuine needs of PWDs, the definition of "severely disabled" under DA should not be restricted by the framework of "100% loss of earning capacity" set out in Schedule 1 of the Employees Compensation Ordinance (Cap. 282). Instead, it should be broadened to cover disabling body function and other kinds of invisible disabilities. The support for DA recipients should not be restricted to therapy but extended to long-term rehabilitation needs of the recipients including their reintegration into the community, which

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		<p>would be a long process. Hence, the granting of DA should not be judged by the criterion of 100% loss of earning capacity.</p> <ul style="list-style-type: none"> ● The layout of MAF should be revamped, for example, to add fields for comments from other professionals.
49.	Miss YU On-lam	<ul style="list-style-type: none"> ● The amount of DA should be increased to support its recipients for the purchase of medical equipment such as hearing aid devices. ● Sign language interpretation services should be strengthened to support the needs of persons with hearing impairment.
50.	Hong Kong Society for the Special Need	<ul style="list-style-type: none"> ● The definition of disability under DA should cover children with special needs such as those suffered from Autism and Hyperkinetic Disorder. In assessing the eligibility of DA applicants, advice from educational psychologists and occupational therapists should be sought. ● Holders of the Registration Card for People with Disabilities were not eligible for receiving DA. The Administration should review the eligibility criteria for different welfare measures for PWDs with a view to standardizing the related requirements.
51.	The Hong Kong Society for Rehabilitation - Centre on Research and Advocacy	<ul style="list-style-type: none"> ● A HA front-line doctor had provided comments on the content and design of MAF as follows - <ul style="list-style-type: none"> (a) the conditions for assessing the eligibility of an applicant were not the common symptoms suffered from severely disabled patients; (b) the physical or mental conditions, e.g. visceral diseases resulting in total disablement, were too stringent and did not cover some chronic diseases such as renal failure, epilepsy and paralysis; (c) the criteria for disability were so vague and unclear that doctors tended to fill in "not applicable" especially when they worked under a tight schedule; and (d) references should be drawn from the framework of ICF of WHO for developing a set of objective criteria for "disabilities".

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		<ul style="list-style-type: none"> The Labour and Welfare Bureau, SWD and the Food and Health Bureau should jointly conduct a comprehensive review on DA.
52.	Hong Kong Parkinson's Disease Association	<ul style="list-style-type: none"> Doctors during a few-minute medical appointment could not conduct a thorough and objective assessment of the disabling conditions of patients with "invisible disabilities" such as patients with Parkinson's disease. The Administration should take into account the support needed by persons with "invisible disabilities" in its review on DA.

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