

**立法會**  
**Legislative Council**

LC Paper No. CB(2)61/14-15

(These minutes have been  
seen by the Administration)

Ref : CB2/PL/WS

**Panel on Welfare Services**

**Minutes of special meeting  
held on Monday, 30 June 2014, at 9:30 am  
in Conference Room 3 of the Legislative Council Complex**

**Members present** : Hon CHAN Yuen-han, SBS, JP (Chairman)  
Hon CHEUNG Kwok-che (Deputy Chairman)  
Hon Albert HO Chun-yan  
Hon LEUNG Yiu-chung  
Hon TAM Yiu-chung, GBS, JP  
Hon Frederick FUNG Kin-kee, SBS, JP  
Hon Ronny TONG Ka-wah, SC  
Hon Alan LEONG Kah-kit, SC  
Hon Frankie YICK Chi-ming  
Hon Gary FAN Kwok-wai  
Hon CHAN Chi-chuen  
Hon CHAN Han-pan  
Hon LEUNG Che-cheung, BBS, MH, JP  
Dr Hon KWOK Ka-ki  
Dr Hon Fernando CHEUNG Chiu-hung  
Hon TANG Ka-piu

**Members absent** : Dr Hon LEUNG Ka-lau  
Hon LEUNG Kwok-hung  
Dr Hon Helena WONG Pik-wan  
Hon POON Siu-ping, BBS, MH

**Members attending** : Hon WU Chi-wai, MH  
Hon Alice MAK Mei-kuen, JP

**Public Officers : Item I  
attending**

Mr Davey CHUNG  
Deputy Secretary for Food and Health (Health)2  
Food and Health Bureau

Mr Y K LEE  
Principal Executive Officer (Health)  
Food and Health Bureau

Dr Frankie SO  
Senior Dental Officer i/c Outreach Dental Care  
Programme for the Elderly Management Unit  
Department of Health

**Item II**

Ms Doris CHEUNG, JP  
Deputy Secretary for Labour and Welfare (Welfare) 1  
Labour and Welfare Bureau

Miss Fiona CHAU  
Acting Deputy Secretary for Food and Health (Health)1  
Food and Health Bureau

Mr FUNG Man-chung  
Assistant Director of Social Welfare (Family & Child  
Welfare)  
Social Welfare Department

Mr FONG Kai-leung  
Assistant Director of Social Welfare (Rehabilitation &  
Medical Social Services)  
Social Welfare Department

Dr Rita HO  
Principal Medical & Health Officer (Family Health  
Service)  
Department of Health

Mr Matthew Philip James HEMMINGS  
Chief Superintendent (Crime Support) (Crime Wing)  
Hong Kong Police Force  
Ms KO Mei-yee

Chief Inspector (Temp) (Child Protection Policy Unit)  
(Crime Wing)  
Hong Kong Police Force

**Attendance by : Item I  
invitation**

九龍城耆英團結組

Ms LEE Miu-han  
Representative

Democratic Alliance for the Betterment and Progress of  
Hong Kong

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Mr NGAN Man-yu  
Member of Family Affairs Committee

KS Elderly Concern Group

Ms LIU Shuk-mei  
Member

田灣邨獨居長者互助組

Mr OR Jee-king  
Member

敬老權益關注組

Mr LO Shu-kay  
Member

關注長者權益大聯盟

梁美好女士

Item II

Democratic Alliance for the Betterment and Progress of  
Hong Kong

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Mr Vincent CHENG  
Chairman of Family Affairs Committee

Rainbow Action

Mr Jimmy SHAM  
Spokesperson

Women Coalition of HKSAR

Miss YEO Wai-wai  
Committee

Hong Kong Association for the Survivors of Women  
Abuse (Kwan Fook)

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Ms CHUNG Bik-mui  
Chairman

Hong Kong Chinese Civil Servants Association Social  
Work Officer Grade Branch

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Mr LEUNG Kin-hung  
Chairman

Hong Kong Federation of Women's Centres

Ms Eva LEUNG  
Centre-in-charge

Against Child Abuse

Dr Jessica HO  
Director

The Hong Kong Council of Social Service

Mr Moses MUI  
Chief Officer

The Forthright Caucus

Ms WU Yue-ti

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

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

Miss Kay CHU  
Council Secretary (2) 4

Miss Maggie CHIU  
Legislative Assistant (2) 4

Action

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**I. Support for elderly persons who are in need of dental care**  
[LC Paper Nos. CB(2)1900/13-14(01) to (03) and  
CB(2)1925/13-14(01)]

At the invitation of the Chairman, Deputy Secretary for Food and Health (Health)2 ("DSFH(H)2") briefed members on the Government's dental care policy and dental care support for the elderly.

Presentation of views by deputations

2. The Chairman invited deputations to give their views. A summary of the major views and concerns of the deputations is in **Appendix I**.

The Administration's response to deputations' views

3. Responding to the major views and concerns of the deputations, DSFH(H)2 said that the Government's policy on oral health and dental care sought to raise public awareness of oral hygiene and oral health through allocating resources primarily to promotion, education and preventive efforts. In view of the lack of manpower in the dental profession, it was difficult for the Administration to expand the scope of public dental care services extensively within a short period of time. Notwithstanding this, the Administration had in recent years been strengthening dental care

Action

support for the elderly and introduced initiatives targeted at the elderly persons with special needs. In addition to the Elderly Health Care Voucher ("EHV") Scheme, the Pilot Project on Outreach Primary Dental Care Services for the Elderly in Residential Care Homes and Day Care Centres would be regularized in October 2014 and renamed as Outreach Dental Care Programme for the Elderly to continue to provide outreach dental services for the elderly persons in similar health conditions and physical environment. Enhancements would be introduced to the outreach dental services, which would include increasing the block grant for each outreach dental team to facilitate the recruitment of experienced dentists, expanding the scope of treatments and services, as well as strengthening the funding and logistical support for arranging escort services for the elderly to receive follow-up treatment at non-governmental organizations' ("NGOs") clinics.

4. DSFH(H)2 further said that the Community Care Fund ("CCF") Task Force under the Commission on Poverty ("CoP") was considering expanding the target beneficiaries of its Elderly Dental Assistance ("EDA") Programme to elderly persons who had financial difficulties and did not receive Comprehensive Social Security Assistance.

Increasing the supply of dentists

5. Mr CHAN Han-pan sought information on the Administration's plan to address the shortage of dentists. Mr Albert HO asked whether the Administration had any plan to contract, on a time-limited basis, with overseas dentists to alleviate the manpower shortage problem.

6. DSFH(H)2 responded that a high-level steering committee was established in 2012 to conduct a strategic review on healthcare manpower planning and professional development in Hong Kong ("the strategic review"). To assist the steering committee in making informed recommendations, the Administration had commissioned the University of Hong Kong to conduct a comprehensive manpower projection for 13 healthcare professions which were subject to statutory regulation, including dentists. To alleviate the tight manpower supply of dentists, the Administration was also considering ways to facilitate dental graduates from overseas universities to attend the Licensing Examination of the Dental Council of Hong Kong.

7. DSFH(H)2 further said that at present, the legislation did not provide for temporary registration of overseas dentists to work in Hong Kong before they passed the licensing examination. The steering committee

Action

would look into this. Dr Fernando CHEUNG said that the Administration should consider amending the relevant legislation so that overseas dentists could practise in Hong Kong without the need to pass the licensing examination.

Admin

8. Mr CHAN Chi-chuen enquired about whether the strategic review would provide information on the manpower situation of dentists, the financial resources and time required for replenishing the manpower shortfall. Mr WU Chi-wai sought information on the completion time of the strategic review. DSFH(H)2 responded that findings of the strategic review were expected to be available in end-2014 or early 2015. The Administration would brief the relevant Panel(s) on the outcome of the strategic review. The Deputy Chairman requested the Administration to provide the Panel with the report of the strategic review when it was available.

Expanding the scope of public dental services

9. The Deputy Chairman said that although the Administration had been requested to improve public dental services over the years, the number of government dental clinics remained at 11 and the dental services were limited to pain relief and teeth extraction. He sought information on (a) the dentist-to-population ratio set by the World Health Organization ("WHO") for Hong Kong; (b) the number of dental graduates who did not practise in Hong Kong; (c) the Administration's projection of the number of dentists required to meet the increasing demand for dental services arising from the ageing population, and how the Administration would increase the supply of dentists to meet these service needs; and (d) the resources and manpower required for the provision of comprehensive dental services by government dental clinics.

10. Senior Dental Officer i/c Outreach Dental Care Programme for the Elderly Management Unit ("SDO") responded that WHO had not set any standard for dentist-to-population ratio. The dentist-to-population ratio was 1:3 500 in Hong Kong which was comparable to the ratio of nearby places. As many dental diseases could be prevented through proper oral health habits, the Administration had been placing emphasis on education and promotion to raise public awareness of oral hygiene and oral health. With proper preventive efforts, the resources allocated to dental services could be substantially reduced. To the Administration's understanding, the majority of dental graduates were practising dentistry in Hong Kong.

Action

11. Mr WU Chi-wai enquired about whether the Administration had implemented any dental care programmes for the elderly persons and conducted any survey on the dental conditions of the elderly persons for setting the quota for the CCF EDA Programme.

12. SDO responded that the Department of Health ("DH") had made a public commitment to conduct an oral health survey every 10 years. The first oral health survey was conducted in 2001 and the latest one in 2011. The surveys were conducted according to the WHO's guidelines and covered different age groups, including the elderly aged between 65 and 74 who were not institutionalized. The 2011 Oral Health Survey also covered users of long-term care services provided by the Social Welfare Department ("SWD") (i.e. users of residential care services, day care centres, home and community care services) who were 65 years old or above. The 2011 Oral Health Survey report was published in end-2013 and was available at the DH website.

13. Mr WU Chi-wai said that the Administration should not rely on the private sector to provide dental services in the long run. Unlike public health services, the scope of public dental services was too narrow. He urged the Administration to expand the scope of public dental services to meet the needs of the general public.

14. DSFH(H)2 responded that both the public and private sectors were facing a tight supply of dentists. The Administration would continue to invite private dentists and NGO dental clinics to participate in the expanded CCF EDA Programme.

15. Mr TAM Yiu-chung said that the Democratic Alliance for the Betterment and Progress of Hong Kong ("DAB") called on the Administration a few years ago to expand public dental services for the elderly to cover denture services. To facilitate the Administration's consideration, DAB had collected about 10 000 profiles of the elderly persons in different districts. According to the Administration, expansion of public dental services was difficult because of inadequate dentists. Given that the elderly persons who were in need of dental services had substantially outnumbered the target beneficiaries of the CCF EDA Programme, the Administration should actively look into ways (e.g. conducting more training programmes for local dentists, inviting overseas dentists to work in Hong Kong, etc.) to solve the manpower problems. In drawing up plans for the provision of dental services, the Administration should take into account the growing need for dental services brought about by the ageing population.

Action

16. DSFH(H)2 responded that the strategic review would take account of the impact on the demand for dental services of an ageing population. In addition, consideration was given to expanding the CCF EDA Programme to cover recipients (currently about 400 000) of Old Age Living Allowance. The Chairman of the CCF Task Force had met with representatives of some NGO dental clinics to explore ways to roll out the CCF EDA Programme swiftly. The Administration hoped to implement the expanded CCF EDA Programme as early as practicable.

17. Dr Fernando CHEUNG said that the Labour Party took the view that the provision of health care voucher should only be a transitional measure. The Administration should not attempt to solve the inadequate provision of dental services through the private sector in the long run. Pointing out that the value of the EHV was by far insufficient to cover the high cost of dental treatment items such as dentures, he urged the Administration to extend the scope of public dental services and set up government dental clinics in all the 18 districts to provide comprehensive dental services and treatments for the elderly.

18. Noting from the 2011 Oral Health Survey that around 6% of the non-institutionalized elderly persons aged between 65 and 74 had lost all their teeth, Dr Fernando CHEUNG said that there was an acute inadequacy of dental services for the elderly. He sought information on the way forward for dental services for the elderly.

19. DSFH(H)2 responded that CCF had reserved funds for expanding the EDA Programme. The Administration hoped to finalize the administrative arrangements for the implementation of the expanded CCF EDA Programme in about six months. In response to Dr Fernando CHEUNG's enquiry about whether the Administration would commit to launch the expanded EDA Programme within six months, DSFH(H)2 said that both CoP and the CCF Task Force hoped to implement the programme as soon as practicable.

Provision of dental care voucher for the elderly

20. Pointing out that it would take a few years to train dentists, Miss Alice MAK said that the manpower in the dental profession could not be replenished quickly. To address the imminent need of the elderly persons for dental services, dental care vouchers should be provided for elderly persons to use dental services in the private sector. She said that according to the survey conducted by the Hong Kong Federation of Trade Unions, many elderly persons who had dental problems had not attended

Action

private dental clinics because they could not afford the expensive fee. As poor dental conditions would affect the health of elderly persons, the Administration should take steps to enable the needy elderly persons to receive the necessary dental services.

21. Mr Albert HO said that there was a pressing need to improve the dental services for the elderly persons. Pointing out that many elderly persons could not benefit from the CCF EDA Programme and the Outreach Dental Care Programme for the Elderly, he took the view that the Administration should consider providing dental care vouchers for the needy elderly persons.

22. DSFH(H)2 responded that the EHV Scheme also covered dental services. The annual voucher amount had been doubled to \$2,000 since early June 2014 and the Administration would review the Scheme in due course having regard to the experience gained.

23. Miss Alice MAK said that as the value of EHV was only \$2,000 a year, many elderly persons would rather save the voucher for healthcare services. She urged the Administration to consider providing dental care voucher for the needy elderly persons.

24. Mr CHAN Chi-chuen said that members had been urging the Administration to improve public dental services to the elderly but little improvement was made. The Administration should provide the elderly persons who had dental problems with the required services rather than educating them how to prevent oral diseases. To this end, vouchers for dental services should be provided for the elderly persons.

25. Mr WU Chi-wai queried how the Administration could draw up manpower plan for the dental profession in the absence of a clear direction for the scope of dental services and targeted service users. According to the 2011 Oral Health Survey, 77.7% of the non-institutionalized elderly persons aged between 65 and 74 had no regular dental check-up habit. He said that proper dental services for these elderly persons would help prevent their dental conditions from deteriorating. He called on the Administration to provide dental care voucher for the needy elderly persons so that they could receive the necessary treatments at an early stage.

26. DSFH(H)2 responded that given the flexibility of the EHV Scheme and the annual EHV amount had just been increased, the Administration had no plan to introduce dental care vouchers at this stage.

Action

27. In response to Mr TAM Yiu-chung's enquiry about the usage of dental services under the EHV Scheme and the corresponding expenditures incurred, DSFH(H)2 said that as at end-May 2014, around 590 000 elderly persons had used EHV. The accumulated voucher subsidy was around \$850 million, of which \$50 million was used for dental services.

28. The Chairman said that the Administration should have empathy with the elderly persons who were suffering from dental diseases. She took the view that the provision of dental care vouchers was the quickest way to allow the needy elderly persons to receive the required dental services. Given the Government's sound financial situation, it should have the financial capability to launch dental care voucher scheme. The Administration should also consider setting up government dental clinics in all the 18 districts.

Public-private collaboration in the provision of dental services

29. Mr CHAN Han-pan said that given that it would take a few years for students to complete the dentistry programme, the Administration should plan ahead for strengthening the training for dentists. He said that under the collaboration between the Hospital Authority ("HA") and the private healthcare sectors, patients of general out-patient clinics would be referred to private doctors, if appropriate, and the patients concerned would be charged a fee equivalent to that of HA. He asked whether the Administration would consider modelling on this public-private collaboration for dental services for the elderly.

30. DSFH(H)2 responded that about 320 private dentists and NGO dental clinics had joined the CCF EDA Programme and the Administration would encourage more private dentists to join to support the expanded EDA Programme.

31. Mr CHAN Han-pan was of the view that the Administration should not rely on CCF for the provision of dental services for the elderly. The Administration should incorporate dental services in the public health care system for the benefit of the public at large.

32. DSFH(H)2 responded that at the moment, further expansion of public or subsidized dental services was constrained by the shortage of dentists in both the public and private sectors. Noting that the usage of EHV for dental services was low, the Administration hoped that, with the increase of the annual EHV amount to \$2,000, more elderly persons would use the vouchers for dental services. SDO added that as dental services

Action

provided for civil servants and their family members by government dental clinics were fully utilized, there was no room at this stage to extend the services to members of the public. The Chairman requested the Administration to provide information on the reasons for not being able to set up government dental clinics in all the 18 districts.

Admin

33. The Deputy Chairman said that the services at government dental clinics were fully utilized by civil servants and their family members did not necessarily mean that they had no spare service capacity for the elderly persons. He suggested that the Administration should consider converting elderly health centres in the 18 districts to dental clinics during night time and seek private dentists' help in providing dental services for the needy elderly at concessionary fee at these centres. The provision of dental services at night time should also be considered at the 11 government dental clinics.

34. Supporting the Deputy Chairman's suggestion, Dr Fernando CHEUNG said that the Administration should employ sufficient dentists to provide public dental services in the long run. He said that public dental services which suit the special needs of persons with intellectual disabilities should also be provided, and dental care service programmes should be introduced for the elderly and persons with intellectual disabilities.

35. DSFH(H)2 responded that the Administration would look into the suggestion of providing dental services at elderly health centres and government dental clinics outside the normal opening hours. The Chairman requested the Administration to revert to the Panel in this regard.

Admin

**II. Services and policies relating to family support**

[LC Paper Nos. CB(2)1542/13-14(02), CB(2)1900/13-14(04) to (05), CB(2)1912/13-14(01) to (02), CB(2)1954/13-14(01) to (04), CB(2)2137/13-14(01) and CB(2)2175/13-14(01) ]

36. The Chairman invited the deputations to express their views. A summary of the views and concerns of the deputations is in **Appendix II**.

The Administration's response to deputations' views

37. Responding to the major views of the deputations, Deputy Secretary for Labour and Welfare (Welfare)1 ("DSLW(Welfare)1") said that the Administration was deeply concerned about the recent family tragedies. The Family Council would explore with relevant bureaux/departments on

Action

how the case referral and coordination mechanism might be enhanced. As for the tenants in new public rental housing ("PRH") estates, the Integrated Family Service Centres ("IFSCs") in the district would maintain a close relationship with stakeholders and proactively provide family support services to them. In addition, the Community Investment and Inclusion Fund ("CIIF") would fund projects at the district level to facilitate the building of community network of mutual support. Moreover, the Family Support Networking Teams under SWD would provide family support services to residents in redeveloped districts.

38. Assistant Director of Social Welfare (Family & Child Welfare) ("ADSW(Family & Child Welfare)") supplemented that before or when tenants moved into a new PRH estate, IFSCs in the district concerned would collaborate with the Housing Department ("HD") and NGOs serving the district to promote family services through conducting roving exhibitions, distributing promotional materials and providing outreaching service. Since 2007, SWD had launched the Family Support Programme ("FSP") in IFSCs/Integrated Service Centres, Family and Child Protective Services Units and Psychiatric Medical Social Services Units with an aim to enhance connection with vulnerable families, especially those who were passive to seek help to address their problems.

39. Acting Deputy Secretary for Food and Health (Health)<sup>1</sup> said that DH had made use of the Maternal and Child Health Centres ("MCHCs") to identify mothers with postpartum depression and families with psychological needs. Needy mothers and families so identified would be referred to appropriate health and/or social services. In general, it would take about two to four weeks to refer mothers with postpartum depression to mental health services of HA for follow-up services.

40. Chief Superintendent (Crime Support) (Crime Wing) said that the Police would continue to tackle domestic violence utilizing a multi-agency and cross-sectoral approach. He further stated that training had been provided to police officers to ensure that domestic violence cases were handled according to the procedures in place and with the required level of professionalism.

Handling domestic violence

41. Noting that the Police had shot and killed a man who was alleged to attack his wife in Lam Tin in early May 2014, Mr TANG Ka-piu wondered if the Police had liaised with SWD on the spot for seeking advice and assistance to avoid the tragedy. Chief Superintendent (Crime Support)

Action

(Crime Wing) responded that he was not able to give comment on the Lam Tin incident at this stage as it was under investigation. In general, police officers handling a similar incident at the scene would start negotiations and ensure the safety of all people at the scene, using the minimum level of force required if necessary. If police officers had a reasonable belief that serious injuries or death would occur to members of the public or themselves during the course of an incident, they were entitled to use the appropriate level of force to prevent such. According to his understanding, there might be a review of the handling of the Lam Tin incident depending upon the outcome of the investigation and any recommendations of the Coroner if a Death Inquest was held. At the request of Mr TANG Ka-piu, Chief Superintendent (Crime Support) (Crime Wing) agreed that details of the incident and of any such review could be provided at an appropriate time.

Admin

42. Mr LEUNG Kin-hung, Chairman of the Hong Kong Chinese Civil Servants Association Social Work Officer Grade Branch, said that social workers were not in a position to get involved in aggressive situations like the Lam Tin incident. Instead, social workers were tasked to provide counselling and other support services upon the request of problem families to help tackle their problems.

43. Referring to the two family tragedies each happened in 2004 and 2009, Mr Albert HO said that victims had sought help from social workers, SWD's hotline, shelters for women, mental health services of HA and the Police prior to the tragedies. He commented that the family support services available were apparently ineffective and incoherent. He would set out the aforesaid incidents with details and requested the Administration to respond in writing on its follow-up actions.

44. ADSW(Family & Child Welfare) said that in the light of the family tragedy in 2004 in Tin Shui Wai, the Director of Social Welfare set up a 3-person Review Panel on Family Services in Tin Shui Wai ("the Review Panel") to review the provision and service delivery of family services in Tin Shui Wai and suggest improvements to be made. In response to the recommendations put forward by the Review Panel, the concerned B/Ds had implemented a series of measures to reinforce family services. For example, increasing the number of places in the five refuge centres for women from 142 in 2003 to 260 in 2014, enhancing SWD's hotline service to provide round-the-clock phone counselling, and conduct outreaching to render timely intervention to families in crisis, setting up a new multi-purpose crisis intervention and support centre in 2007, launching FSP and the Victim Support Programme for Victims of Family Violence in 2007 and 2010 respectively, etc.

Action

45. The Deputy Chairman said that one of the deputations attending the meeting mentioned a case in which a social worker, instead of providing family support services, advised a Hong Kong permanent resident suffering from domestic violence to seek help from relatives. He asked about the rationale for the social worker to give such advice. ADSW(Family & Child Welfare) responded that Hong Kong permanent residents were entitled to use family support services. SWD would request the deputation to provide more information on the case.

Effectiveness of the existing family support services

46. Noting the recent family tragedies, Dr Fernando CHEUNG strongly urged the Administration to address inadequacies in family support services, such as reviewing the effectiveness of MCHCs in identifying mothers with postpartum depression, and re-opening specialized family service centres to support new-arrival and single-parent families. He said that during 2008-2012, HD launched a pilot scheme on a Housing Advisory and Service Team ("HAST") to help new tenants in Tin Shui Wai settle in and encourage a stronger sense of belonging among existing tenants in the district. Appreciating the effectiveness of the aforesaid scheme, he called on the Administration to put more efforts in fostering community building in new PRH estates. The Deputy Chairman suggested that the Administration should designate several front-line staff members of IFSCs in new PRH estates for community building.

47. ADSW(Family & Child Welfare) explained that following the review of the pilot scheme on HAST conducted in 2012, the scheme was suspended by HD as much more welfare services had already been put in place in the district. For new PRH estates, IFSCs would collaborate with HD and NGOs in the district to promote the available family services through various channels, e.g. distribution of promotional leaflets and visits to tenants.

48. The Chairman stressed that the Panel had expressed grave concern and discussed domestic violence time and again since 2000. She observed that some effective measures taken to tackle domestic violence, such as the pilot scheme on HAST, were discontinued. However, some existing measures were considered ineffective in addressing domestic violence, e.g. the IFSC service mode. She asked about the Administration's response to the comments and advice given by members.

49. DSLW(Welfare)<sup>1</sup> replied that the Administration had over the past years allocated additional resources and manpower to enhance the related

Action

supportive services for victims of domestic violence and families in need. She added that the Family Council would meet with the concerned B/Ds to discuss further enhancement of family support services. She undertook to take account of members' views in reviewing the effectiveness of family support services, particularly the pilot scheme on HAST and the IFSC service mode.

50. Mr LEUNG Kin-hung, Chairman of the Hong Kong Chinese Civil Servants Association Social Work Officer Grade Branch, pointed out that the effectiveness of FSP was in doubt in view of its manpower shortage and increasing workload. He urged SWD to hire social work assistants to take up clerical and administrative duties so that social workers could focus their work on community building and case management. He also called on the Administration to make reference to the experience of FSP's counterpart on the Mainland, which had strengthened community building in newly developed districts by designating social workers and motivating volunteers to conduct regular visits to the needy families.

Support for individuals/families with special needs

51. Mr CHAN Chi-chuen said that there was a lack of family services to support sexual minorities facing domestic violence. Pointing out that social workers of IFSCs were not experienced in handling cases involving sexual minorities, he called on the Administration to consider providing specialized services and shelters for sexual minorities.

52. DSLW(Welfare)<sup>1</sup> responded that since the coverage of the Domestic and Cohabitation Relationships Violence Ordinance (Cap.189) had been expanded to include cohabitation between persons of the same sex, training was provided for front-line staff members of IFSCs to enhance their skills and sensitivity in handling domestic violence cases involving sexual minorities. ADSW(Family & Child Welfare) added that IFSCs were tasked to provide integrated services for individuals and families according to their special needs. In addition, the shelter service provided by the five refuge centres for women and the crisis centres was considered sufficient and capable to cater for the needs of persons with different sexual orientations suffering from domestic violence. Hence, SWD did not see the need to provide specialized family support services for sexual minorities.

53. The Deputy Chairman pointed out that IFSCs' social workers, particularly those with religious beliefs, might not be able to provide services effectively to people with different sexual orientations as these

Action

social workers might have negative views on sexual minorities. He strongly urged the Administration to critically review the need to provide specialized family support services for sexual minorities.

54. Mr LEUNG Kin-hung, Chairman of the Hong Kong Chinese Civil Servants Association Social Work Officer Grade Branch, echoed that sexual minorities suffering from domestic violence might have difficulties in seeking family support services as social workers' negative views on them might hinder the provision of such services.

55. ADSW(Family & Child Welfare) responded that the relationship between religion and sexual minorities involved major social issues that were rather controversial and discussion in the welfare sector was required. Having said that, he mentioned a case in which the social worker of a Christian organization helped a homosexual client to obtain housing assistance successfully. The case showed that religious beliefs and different sexual orientations might not adversely affect the professionalism of social workers and service delivery.

56. Mr LEUNG Che-cheung took the view that domestic violence highly correlated with mental health problems. He urged the Administration to enhance mental health support services. Criticizing that the IFSC service mode was not effective, he called on the Administration to accept the suggestion of the DAB to put more efforts in fostering community building and implementing early intervention measures in newly developed districts to prevent family tragedies.

57. DSLW(Welfare)<sup>1</sup> responded that SWD provided mental health support services for discharged mental patients, persons with suspected mental health problems and their families/carers through the Integrated Community Centres for Mental Wellness ("ICCMWs"). Assistant Director of Social Welfare (Rehabilitation & Medical Social Services) ("ADSW(Rehabilitation & Medical Social Services)") added that since October 2010, 24 ICCMWs were set up across the territory. On average, ICCMWs provided services to 12 000 people every year. From 2010-2011 to 2014-2015, a total of \$250 million was allocated to enhance the services and manpower of ICCMWs. SWD would keep in view the operation of ICCMWs.

58. The Deputy Chairman called on the Administration to develop specialized welfare services for persons with autism. ADSW(Rehabilitation & Medical Social Services) responded that the special needs of autistic people were diversified. Currently, the

Action

Administration provided a series of rehabilitation services to persons with autism to meet their needs at different stages of their lives through the 16 District Support Centres for Persons with Disabilities and some specialized projects operated by NGOs. A pilot project for autistic people would be launched by early 2015.

59. Mr LEUNG Kin-hung, Chairman of the Hong Kong Chinese Civil Servants Association Social Work Officer Grade Branch, took the view that the services provided by the 16 District Support Centres for Persons with Disabilities were not able to cater for the special needs of persons with different disabilities.

60. To study matters relating to domestic violence, the Chairman said that the subcommittee established under the Panel would be activated in the next session and would follow up the issues discussed above. Dr Fernando CHEUNG said that the subcommittee should discuss problems relating to family support services, such as the unsatisfactory service mode of IFSCs, inadequate housing assistance and services of the shelters for women, problematic classification of domestic violence, lack of support for children witnessing domestic violence, etc.

**III. Any other business**

61. There being no other business, the meeting ended at 1:04 pm.

Council Business Division 2  
Legislative Council Secretariat  
14 October 2014

**Panel on Welfare Services**

Special meeting on Monday, 30 June 2014 at 9:30 am

Support for elderly persons who are in need of dental care

Summary of views and concerns expressed by deputations

No.	Name of deputation	Major views and concerns
1.	九龍城耆英團結組	<ul style="list-style-type: none"> <li>• The Administration should strengthen education on dental care.</li> <li>• Many elderly persons could not afford private dental services. The Administration should provide the elderly persons with more dental care support and services.</li> <li>• A government dental clinic should be set up in every district to facilitate elderly persons to receive dental services.</li> </ul>
2.	Democratic Alliance for the Betterment and Progress of Hong Kong	<ul style="list-style-type: none"> <li>• The Community Care Fund Elderly Dental Assistance Programme should be expanded to also cover elderly persons who were not beneficiaries of the two home care service schemes subvented by the Social Welfare Department.</li> <li>• Subsidized dental services should be provided for the elderly persons who were not receiving Comprehensive Social Security Assistance but had financial difficulties.</li> <li>• Government dental clinics should be set up in all the 18 districts and dental care programmes should be provided for members of the public aged 55 or above.</li> <li>• In addition to elderly health care voucher, dental subsidy should be provided for elderly persons.</li> </ul>

No.	Name of deputation	Major views and concerns
3.	KS Elderly Concern Group	<ul style="list-style-type: none"> <li>• Presentation of views as detailed in the submission [LC Paper No. CB(2)1900/13-14(03)]</li> </ul>
4.	田灣邨獨居長者互助組	<ul style="list-style-type: none"> <li>• Dental problems substantially affected elderly persons' social life and health. Government dental clinics should be set up in all the 18 districts so that elderly persons could receive the required dental services.</li> <li>• The service quota and service sessions of government dental clinics should be increased.</li> </ul>
5.	敬老權益關注組	<ul style="list-style-type: none"> <li>• Presentation of views as detailed in the submission [LC Paper No. CB(2)1925/13-14(01)]</li> </ul>
6.	關注長者權益大聯盟	<ul style="list-style-type: none"> <li>• Public dental services should cover scaling, polishing and fillings.</li> <li>• Dental services should be provided in all public hospitals.</li> </ul>

Council Business Division 2  
Legislative Council Secretariat  
14 October 2014

**Panel on Welfare Services**

Special meeting on Monday, 30 June 2014 at 9:30 am

Services and policies relating to family support

Summary of views and concerns expressed by deputations

No.	Name of deputation	Major views and concerns
1.	Democratic Alliance for the Betterment and Progress of Hong Kong	<ul style="list-style-type: none"> <li>• The Administration should set up social service units and utilize different funds, such as Community Investment and Inclusion Fund, to strengthen family support in newly developed districts.</li> <li>• Workload of front-line social workers, particularly those serving in Sham Shui Po, was too heavy. The Social Welfare Department ("SWD") should consider allocating additional resources to enhance the provision of counselling service in the district.</li> <li>• The postnatal services provided by the Maternal and Child Health Centres should be further developed to offer psychological support and shorten the waiting time.</li> <li>• SWD should provide more support services for children with autism.</li> </ul>
2.	Rainbow Action	<ul style="list-style-type: none"> <li>• Presentation of views as detailed in the submission [LC Paper No. CB(2)2175/13-14(01)]</li> </ul>
3.	Women Coalition of HKSAR	<ul style="list-style-type: none"> <li>• Presentation of views as detailed in the submission [LC Paper No. CB(2)2137/13-14(01)]</li> </ul>
4.	Hong Kong Association for the Survivors of Women Abuse (Kwan Fook)	<ul style="list-style-type: none"> <li>• The Administration should keep in view the trend and nature of domestic violence cases and the Integrated Family Service Centres should handle all referral cases seriously in order to tackle domestic violence.</li> </ul>

No.	Name of deputation	Major views and concerns
5.	Hong Kong Chinese Civil Servants Association Social Work Officer Grade Branch	<ul style="list-style-type: none"> <li>• Presentation of views as detailed in the submission [LC Paper No. CB(2)1912/13-14(02)]</li> </ul>
6.	Hong Kong Federation of Women's Centres	<ul style="list-style-type: none"> <li>• Presentation of views as detailed in the submission [LC Paper No. CB(2)1954/13-14(01)]</li> </ul>
7.	Against Child Abuse	<ul style="list-style-type: none"> <li>• Presentation of views as detailed in the submission [LC Paper No. CB(2)1954/13-14(02)]</li> </ul>
8.	The Hong Kong Council of Social Service	<ul style="list-style-type: none"> <li>• Presentation of views as detailed in the submission [LC Paper No. CB(2)1954/13-14(03)]</li> </ul>
9.	The Forthright Caucus	<ul style="list-style-type: none"> <li>• Presentation of views as detailed in the submission [LC Paper No. CB(2)1954/13-14(04)]</li> </ul>

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