Subcommittee to study the subject of combating poverty

Government Policies and Measures in Alleviating Poverty
Health, Welfare and Food Bureau

PURPOSE

This paper informs Members of progress in taking forward the measures to alleviate poverty by the Health, Welfare and Food Bureau (HWFB) as set out in the 2005 Policy Address.

MEASURES TO ALLEVIATE POVERTY

A. Children & Youth

2. We will introduce in phases a pilot **"Head-Start Programme"** for children aged 0-5 years in four selected communities, namely Sham Shui Po, Tin Shui Wai, Tuen Mun and Tseung Kwan O, through inter-sectoral collaboration among Department of Health (DH), Hospital Authority, Social Welfare Department (SWD)/Non-Government Organizations (NGOs) and Education and Manpower Bureau at the district level, using DH's Maternal and Child Health Centres as service delivery platform. The Programme aims to identify and assist early, in a holistic manner, mothers prone to postnatal depression, at-risk pregnant women, children and families needing social intervention and pre-school children with physical development and behaviour problems. The latest development and details of the programme are at **Annex**.

3. For parents who are unable to provide proper care for their children after school hours due to work or other reasons, we are providing the **After School Care Programme (ASCP)** that offers supportive services for primary pupils aged six to twelve. Services include homework guidance, parental guidance, meal service, skill learning and other social activities. SWD has been allocating subsidy to ASCP centres to help low-income working parents who are unable to take care of their children after school as a result of being engaged in work and/or attending employment related retraining/attachment programme. Eligible parents would be granted full fee waiving or half-fee reduction places for the service according to their family household income.

4. In 2005/06, we will provide additional resources of $5 million from April 2005 to increase the number of fee-waiving

after-school-care places for low-income families, especially single parents. At present, SWD provides 830 full fee-waiving places. The new resources would enable another 415 full waiving places to be provided, representing an increase of 50%.

5. To strengthen the services for **youth at risk** and those who have committed crimes, an additional recurrent amount of $23 million will be provided to enhance the service of young night drifters and the Community Support Services Scheme for young persons cautioned under the Police Superintendents' Discretion Scheme. The additional resources will enable further development of these services to respond to the changing needs of young people at-risk. We will discuss the details with the NGOs concerned.

6. Additional resources will also be provided to District Social Welfare Officers to support **needy children and youth at the district level** to meet their developmental needs. SWD is working out the implementation details.

7. Taking account of several successful models being developed through the Community Investment and Inclusion Fund (CIIF) projects, we would encourage NGOs to organize **mentorship schemes** for youths to help their development. The NGOs may also apply for funding under the CIIF or other funds as appropriate. The CIIF will give priority to such applications in the coming two rounds of applications.

B. Elderly

8. To meet the growing long-term-care (LTC) needs of elders, we will put in about $180 million to gradually **convert existing subvented residential places** without LTC elements to provide continuum of care up to nursing level. We have drawn up details of the conversion in consultation with the sector and will start the invitation for conversion later in 2005. We will also seek to provide infirmary care services for medically stable infirm elders in a non-hospital setting. We are discussing with the sector on possible options.

9. In light of the operational experience and effectiveness of the existing three **Chinese medicine clinics**, we have decided to increase the number of clinics from 3 to 6 in 2005/06. In the choice of sites for these clinics, consideration will be given to the population distribution of elderly people with a view to achieving a good coverage.

10. To provide an option for needy elders to retire to the Mainland, we will relax the current eligibility requirements under the Portable Comprehensive Social Security Assistance (PCSSA) Scheme by allowing elders who have received Comprehensive Social Security Assistance (CSSA) for not less than one year (currently not less than three years) to join the scheme, and to extend the coverage of the scheme beyond Guangdong to Fujian as well. We are working to implement this measure by August 2005.

11. We have also proposed to provide elders receiving Old Age Allowance (OAA) with more flexibility to spend time outside Hong Kong by relaxing the permissible limit of absence of OAA from 180 days to 240 days a year. We are working to implement this measure by October 2005.

C. People with Disabilities

12. To help disabled persons to live in the community, we have proposed to provide those CSSA recipients suffering from 100% disability or requiring constant attendance and living in the community with enhanced financial assistance of an additional **monthly supplement** of $100 to support them to live in the community. We estimate about 50,000 CSSA recipients in these categories may benefit from this enhancement, with an additional outlay of $62 million from the CSSA Scheme. We aim to implement this measure by November 2005.

13. To help young people with disabilities, we plan to introduce the following new measures-

- for those with early sign of mental health public, we provide them with specialized support services to help them catch up the necessary knowledge and skills in personal and vocational aspects, draw up future life/career places and to enhance their employability and competitiveness.

- for those with employment difficulties, we provide them with intensive employment and support service including
  (i) employment training and job attachment;
  (ii) job trial; and
  (iii) post-placement service.

During the employment training and job attachment period, each trainee will receive **training allowance** at a rate of $1,250 per month for a maximum of 3 months. The employer will also receive a **wage subsidy** equal to 50% of the actual wage paid to the trainee with a ceiling of $3,000 per month for a maximum period of 3 months.

(D) Comprehensive Social Security Assistance

14. To help able-bodied adults achieve self-reliance, we are now conducting: (a) an evaluation of the intensive employment assistance projects implemented since October 2003 to help employable CSSA recipients and the 'near-CSSA' unemployed move into work; and (b) a review of existing CSSA arrangements and related services for single parent families on CSSA. The findings of both reviews are expected to be available in mid 2005.

15. We will also review the provision of disregarded earnings, which provides an incentive for recipients to seek and continue work, under the CSSA Scheme. The findings of the review are expected to be available in late 2005.

(E) Partnership Fund for the Disadvantaged

16. The Financial Secretary announced in his 2004-05 Budget that an additional $200 million was earmarked on a one-off basis for promoting the development of a tripartite social partnership comprising the Government, the business community and the welfare sector in helping the disadvantaged. On 7 March 2005, the Partnership Fund for the Disadvantaged was launched for this purpose. The Fund would provide matching grants to donations made by business corporations to support NGOs promoting social welfare projects. The first round of applications would be closed by end May 2005. We hope to announce the outcome in June 2005.

17. Members are invited to note the contents of the paper.

Health, Welfare and Food Bureau
March 2005

Annex

Head Start Programme

This paper introduces the contents of the Head Start Programme (HSP) and the pilot arrangements.

Background

2. At present, services for pre-school children and their families in Hong Kong are provided by the health, education and social service sectors separately.

3. It is widely recognised that the early years of children is of great importance to their future development. Inter-sectoral and inter-agency collaboration is needed to provide an integrated and comprehensive service that meets the varied needs of pre-school children and their families. Integration of services is also vitally important in pooling multi-disciplinary resources to address these needs and reducing gaps or overlaps in respective services and programmes. It also ensures coherence in service delivery.

4. In the 2005 Policy Address, it was announced that a pilot Head Start Programme (HSP) for children aged five and below would be launched in phases in four selected communities, namely, Sham Shui Po, Tin Shui Wai, Tseung Kwan O and Tuen Mun, to provide comprehensive and timely support to children and their families. Maternal and Child Health Centres (MCHCs), which at present provide services to over 90% of newborn babies, will be used as a platform where services can be delivered through inter-sectoral partnership among government departments and relevant agencies.

5. To move towards an integrated community-based child and family service model, the Department of Health (DH), Hospital Authority (HA), Education and Manpower Bureau (EMB), Social Welfare Department (SWD) and non-governmental organisations (NGOs) will cooperate and align their services to improve the interface among healthcare, social and education services at the community level.

Existing Service in MCHCs

Maternal Health (Antenatal and Postnatal) Services

6. Antenatal checkups are provided for pregnant women at MCHCs. The MCHCs operate a comprehensive shared-care programme, in collaboration with the Obstetric Department of public hospitals, to monitor the whole pregnancy and delivery process. Educational programmes on pregnancy and childcare related topics are also conducted in the centres.

7. All women, after delivery, are provided with postnatal checkups and advice on family planning and contraception. The centres also help postnatal mothers to adapt to changes in life by setting up support groups and experience sharing sessions, as well as providing individual counselling.

Child Health Services

8. At present, the core child health service is provided in MCHCs through the "Integrated Child Health and Development Programme" (ICHDP) which adopts a health promotion and disease prevention approach. ICHDP comprises three components designed to meet the developmental needs of pre-school children in the physical, cognitive and social emotional domains in a coordinated way. The three components are –

(a) **Parenting Programme** – parents are equipped with the knowledge and skills to promote all aspects of their children's health and development. The current universal parenting programme is for all expectant parents and parents of pre-school children. They will receive anticipatory guidance on childcare and parenting issues which are appropriate to the ages of their children. For parents of children with early signs of behavioural problems or those who encounter difficulties with parenting, an intensive parenting programme, the Positive Parenting Programme (Triple P) is available;

(b) **Immunization Programme** – immunization against nine infectious diseases is provided at intervals as recommended by the Scientific Committee on Vaccine Preventable Diseases of the Centre for Health Protection of DH; and

(c) **Health and Developmental Surveillance Programme** – health care professionals at the MCHCs work in partnership with parents

in the continual monitoring of health and development of the child through (i) newborn examination; (ii) growth monitoring; (iii) developmental surveillance; (iv) hearing screening; and (v) vision screening.

Children with significant health and developmental problems are referred for assessment and management by relevant specialists in HA hospitals and/or the Child Assessment Service of DH, while those with significant family or social problems are referred to social services for follow-up.

9. ICHDP is designed as a universal primary prevention programme for children aged five and below. However, there are children and families with various special needs that may not be adequately addressed by the core programme. To provide more comprehensive support to these children and families, timely intervention through inter-sectoral partnership is necessary.

Objective of the HSP

10. The pilot HSP aims to augment the existing service in MCHCs through better alignment of the delivery of health, education and social services to ensure early identification of the varied needs of children and their families so that appropriate services can be made available to them in a timely manner.

Pilot HSP Model

11. On top of the existing core programme in MCHCs, the pilot HSP will comprise the following four additional components.

Early identification and management of mothers with postnatal depression

12. Postnatal depression affects about 10% of postnatal women. It causes considerable psychological distress to the mother and the family. The cognitive and emotional development of the infant may also be affected and the adverse effects may persist into late infancy and early childhood. Early identification and timely intervention may improve the mental health of the mother and family as well as the development of the child.

13. Under the HSP, postnatal mothers will be routinely screened for

postnatal depression in MCHCs by trained nurses. Depending on their needs, counselling services will be provided to mothers by trained MCHC nurses with referral to psychiatric nurses, clinical psychologists or psychiatrists where necessary. Other social needs would also be followed up by social services. Mothers not showing up for scheduled appointment will be actively contacted through home visits, if necessary.

Early identification of children and families for social service intervention

14. The development of children is affected by their families and the community. In collaboration with SWD, DH will develop an assessment tool for MCHC staff to facilitate the early identification of families with social service needs. Identified families will be followed up by staff of Integrated Family Service Centres (IFSCs). The IFSC, which consists of a family resource unit, a family support unit and a family counselling unit, provides a continuum of preventive, support and remedial services for families in need of help. Apart from providing counselling if required, we hope to link these families to social support networks in the community so that problems can be prevented or dealt with as early as possible. Mutual support groups will be organised for parents/families going through similar parenting experiences. MCHCs will also collaborate with IFSCs to organise joint programmes and activities for families. For those families who are not yet ready to approach IFSCs for assistance, IFSC staff will meet with them at MCHCs or contact them through home visits to provide assistance.

Early referral and feedback system for pre-school children with physical, developmental and behavioural problems or those with family problems

15. Some developmental and behavioural problems may only become manifest after children have started pre-school. In collaboration with child care centres (CCCs) and kindergartens (KGs), a referral and feedback system will be developed to enable pre-school teachers to identify and refer these children to MCHCs for assessment and further assistance in a timely manner. In collaboration with EMB and SWD, DH would arrange training and briefing sessions for pre-school teachers.

Early identification and holistic management of at-risk pregnant women

16. At-risk pregnant women (e.g. those with substance abuse or mental illness, or teenage or single mothers) will be identified by various health and social service professionals from DH, HA and SWD/NGOs during the antenatal period. Comprehensive assessment will be conducted at antenatal clinic in either MCHCs or HA hospitals. Holistic management plans will be developed and agreed so that coordinated care and support to these mothers and their children can be provided. Visiting specialist (e.g. paediatrician) sessions will be provided in MCHCs, in collaboration with HA, to facilitate access by families.

Progress of Implementation

17. A Sham Shui Po Head Start Programme Coordinating Committee (the Coordinating Committee) led by DH with representatives from HA, SWD, and EMB at the district level has been set up to prepare for the launch of the pilot HSP in Sham Shui Po in July 2005. The Coordinating Committee will meet regularly to discuss the implementation details, and consult the various stakeholders on the implementation of the HSP.

18. To prepare for the pilot in Sham Shui Po, networking between frontline staff of the MCHC, the HA hospital community medical team, IFSCs and CCCs/KGs in Sham Shui Po has commenced since February 2005. Training for nurses, doctors and pre-schools teachers are being organised, and will start in Sham Shui Po in May/June 2005.

19. A service delivery model is being developed in consultation with relevant departments and agencies. The various assessment tools and work protocols are being developed and they will be further fine-tuned in light of the experience gained in the pilot run.

20. We will continue to refine the contents and operation of the HSP in the light of feedbacks and experiences gathered from the pilot run in Sham Shui Po. We expect to roll out the HSP in the other selected communities in the last quarter of 2005-06. Subject to a review of the outcome of the HSP in the four communities, we may extend the HSP to other communities in phases in the second year of the pilot programme.

Evaluation

21. The major objective of the HSP is to enable families in need to obtain appropriate services through better alignment of health, education and social services delivery. We will conduct an evaluation to assess the effective functioning of the multi-disciplinary HSP service interface model.

We will closely monitor the referral statistics and demand for various services. We will also collect the feedback of staff and service recipients to evaluate the accessibility and appropriateness of the new service.