

For Discussion
on 20 January 2005

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Legislative Council Panel on Welfare Services

Policy Initiatives of Health, Welfare and Food Bureau (HWFB) for 2005

Purpose

The Chief Executive announced his 2005 Policy Address on 12 January 2005. The 2005 Policy Agenda lists the Government's new and on-going initiatives over the coming years. This note elaborates on the initiatives affecting the Bureau in the 2005 Policy Address and Policy Agenda. It also gives an account on the position reached on initiatives relating to welfare services covered in the 2004 Policy Agenda.

2005 Policy Address and Policy Agenda

Helping the needy without nurturing dependence : sustainability of our welfare system

2. As a caring society, our welfare system seeks to help people in the community who need a helping hand. We believe that we should target resources at helping those most in need as resources are limited. We also believe that assistance can come in many forms and from different sources, with Government working together with the rest of the community and the needy people themselves. We should therefore promote the spirit of mutual help and shared responsibility. Individuals should also be equipped to overcome adversities, rather than developing a habit of dependency.

3. As public welfare resources are finite and already accounting for

a substantial percentage of public expenditure, we need to ensure that our welfare systems are sustainable. To cope with the fast-changing world, we should be prepared to re-engineer our systems in tandem with socio-economic developments to maintain our society's resilience.

The Social Welfare System

4. In 2003-04, we spent \$17.3 billion in Comprehensive Social Security Assistance (CSSA) payments to some 522,460 recipients. This represented 10% of the Government's total operating revenue, or 62% of our total salaries tax income. Coupled with Old Age Allowance (OAA) made available to senior citizens aged 65 or above and Disability Allowance (DA) under the Social Security Allowance (SSA), social security payments and the associated costs took up about 80% of Hong Kong's salaries tax income. There is on average an annual increase of 22% in CSSA expenditure and 5% in SSA expenditure in the past 10 years.

5. Our welfare system actually goes much beyond the provision of direct financial assistance. The provision of direct services to the elderly, disabled, family, children and youth takes up a large share of the subvented sector's and Social Welfare Department's work. Despite the fiscal constraints that we are facing, the non-social security portion of the welfare budget of the Government actually increased by 27.5% over the past five years.

Helping the needy

6. We have thus built a multi-layered system of support that our people can resort to when circumstances are not in their favour. They will also have a chance to lead a normal, fulfilled life when given a helping hand. Many needy people benefit from public housing, and many more benefit from heavily subsidized health, education and welfare services.

7. The CSSA provides a safety net for those who have lost the ability to support themselves financially. There are calls for the Government to raise the CSSA rates, especially those for children. It is worth pointing out that the CSSA system at present has built in components that take special care of the needs of children. For example, the standard rate (non-accountable part of the CSSA payment) are higher for children than that for able-bodied adults. There are special grants covering school fees, meals, transport fares, examination fees and a yearly one-off grant of up to \$3,810 that covers school-related expenses. There are about 130,000 children under the age of 15 who benefit from the CSSA scheme.

8. Despite the many success stories of leaders of today grown out of poverty, we recognize that the paths for children coming from poor families are not easy. Overseas experience has shown that providing high-quality care to disadvantaged pre-school children can compensate for the absence of decent physical and social developmental environment which is pivotal during their formative years. But, our concern is that providing direct money to the family may not be the best way to help. We need more targeted measures to assist the deprived youth and children. In the coming years, we will allocate additional resources to introduce new or enhance existing services to help the needy, including deprived children and youth, people with disabilities and elderly.

Initiatives

Helping the Disadvantaged

Partnership Fund for the Disadvantaged

9. 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. We sought the Finance Committee's approval on 17 December 2004 to formally establish this Fund, called the Partnership Fund for the Disadvantaged. We will disburse about \$190 million of the \$200 million in the form of a matching grant for application by welfare Non-Governmental Organizations (NGOs) who are able to secure corporate sponsorship in organizing projects for the direct benefit of the underprivileged groups including children from deprived families. The remaining \$10 million would be used to carry out support measures to facilitate the formation and sustainability of tripartite partnership. Applications would be invited in the first quarter of 2005.

Review of the Comprehensive Social Security Assistance (CSSA) Scheme

10. In line with the principle of helping individuals to equip themselves to overcome adversities, we will review specific programmes under the CSSA scheme with a view to providing more targeted assistance to the able-bodied to help themselves. These reviews will include an evaluation of the employment assistance measures currently provided to help able-bodied recipients to move back to work; a review of the existing arrangements and related services provided to single parent recipients, and a review of disregarded earnings provided as an incentive for recipients to seek employment under the CSSA Scheme. We expect initial results of the first two reviews by the middle of the year, while the findings of the disregarded earnings review are expected by the end of the year. The 5-year updating of the Social Security Assistance Index of Prices (SSAIP) is also underway and we expect the initial results by the end of 2005 which would give us a more updated picture of the expenditure pattern of CSSA households. We will be consulting the Sub-Committee on Review of CSSA of the LegCo Panel on Welfare Services, and the Working Group on CSSA of the Social Welfare Advisory Committee.

Family Support

Provision of a continuum of preventive, supportive and counseling services for needy families

11. Family is the vital component of our society. It provides an intimate environment in which physical care, mutual support and emotional security are normally available to foster the development of children into healthy and responsible members of society. In order to provide better support to needy families, 61 Integrated Family Service Centres, transformed from Family Services Centres / Counseling Units, will be in place by April 2005 to provide a continuum of preventive, supportive and counseling services to enhance support in these centres and to deliver services in a more user-friendly and accessible environment.

Strengthening district welfare planning and coordination

12. In order to strengthen the co-ordination and effectiveness in supporting families on a district basis, plans are in hand to further strengthen district welfare planning and co-ordination. We are developing a protocol for the district welfare planning mechanism. The protocol will set out standardized procedures for assisting DSWOs in analyzing district needs, formulating district plans, collaboration with NGOs and local groups, consultation with District Councils and implementation of district plans. At the same time, we are also reviewing the District Coordinating Committee mechanism. A pilot project is being conducted in Kwun Tong district which aims to promote early identification and early intervention to at-risk families or those with domestic violence problem through cross-sector and multi-disciplinary co-ordination and co-operation. District Social Welfare Offices will also convene District Liaison Groups with the participation of Family and Child Protective Services Units, Integrated Family Service Centres, the Police and other relevant organizations as a measure to strengthen district

co-ordination in handling domestic violence. These three individual measures will be working in parallel to strengthen cooperation and coordination.

Domestic Violence

13. The Government will not tolerate domestic violence. Measures are being taken and will continue to be taken to combat domestic violence. These include strengthening publicity, services to victims and batterers and families facing crises, as well as training to staff covering social workers, police, medical personnel etc. to better prepare them to handle cases involving family crisis and violence.

14. We are also reviewing the Domestic Violence Ordinance. The University of Hong Kong has been commissioned to carry out a study on child abuse and spouse battering. While waiting for the outcomes of Part One of this study, expected to be available in the next few months, we are simultaneously examining the legislative provisions of the Ordinance and the proposals put forward by different parties concerned. We are examining these issues carefully and consider whether, and if so, how the existing legislative framework needs to be changed.

Children and Youth

Head-Start Programme

15. The Administration 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, Hospital Authority, Social Welfare Department/NGOs and Education and Manpower Bureau at the district level, and using Department of Health’s Maternal and Child Health Centres (MCHCs) as a platform. We will consider extending the programme in other MCHCs by phases after a

review of the trial.

16. The initiative is aimed to strengthen interface among the services, and to establish a mechanism to identify children and their families which might require further attention, with a view to providing timely and prompt intervention in the form of counseling and psychosocial support. A collaborative service model involving a multi-professional team is being developed by the concerned departments/agencies. The initiative entails early identification and management of mothers with post-natal depression, early referral and feedback system for pre-school children with physical, developmental and behavioural problems at kindergarten and childcare settings, as well as introduction of a structured screening process in MCHCs. Additional nurses and doctors will be engaged in this initiative, and training will be provided to them. Training and briefing will also be provided to pre-school teachers.

Support for vulnerable children and youth

17. There are children and young persons who are vulnerable and in need of protection. They are, such as, abandoned children, victims of abuse and violence, children and young persons exhibiting suicidal behaviour, psychological problem or facing other life crises. Their safety and development will be at stake if no timely intervention is provided. We shall provide additional resources to enhance services for them, such as increase in the provision of residential care placements including emergency placements, child protection services, psychological support and other crisis intervention services etc.

Support for youth at risk and young offenders

18. We would enhance our outreaching services for young night drifters, as well as services for youth-at-risks and those who have committed minor offences. The Community Support Services Scheme (CSSS) for youth cautioned under the Police Superintendents' Discretion

Scheme would also be enhanced to provide opportunities for steering these young people into the right course.

Provision for District Social Welfare Officers

19. We will provide additional resources for District Social Welfare Officers (DSWOs) to support needy children and youth at the district level to meet their developmental needs. DSWOs will consider targeted proposals from NGOs and other community groups which aim to address the developmental needs of deprived children and youth. DSWOs will also consider providing direct assistance to support individual children and youth. This will include proposals which facilitate their wholesome development and special expenses which cannot be covered by any other source of funding. The detailed mechanism is being worked out.

After School Care and Learning Support

20. We plan to provide additional resources to increase the number of fee-waiving places for low-income families, especially single parents, who require after school care service run by NGOs in centres for primary pupils aged 6 to 12. At present, SWD provides 830 full fee-waiving places through existing resources. We plan to earmark an additional amount of \$5 million each year to increase the number of fee waiving places by 50%, i.e. providing another 415 full fee waiving places.

21. As a related initiative to address the concerns of needy families that cannot afford private tuition and after-school education/care services for their children, the Education and Manpower Bureau (EMB) will work with schools to provide school-based after school learning and other support services for needy students, which may include supplementary tuition classes and/or whole-person development programmes as appropriate. A recurrent amount of \$75 million has been earmarked for this purpose and EMB will work out the details in

consultation with the school sector and NGOs.

Mentorship Schemes for Youth

22. Being part of a mentorship relationship with adults who offer care and attention, encouragement and life experience has been found to be effective in motivating and engaging youth from deprived families. We would therefore encourage NGOs to organize mentorship schemes for youth to help their development, taking account of several successful models being developed through the Community Investment and Inclusion Fund (CIIF) projects. The NGOs may also apply for funding under the CIIF or other funds as appropriate.

People with Disabilities

Community Support Services

23. To promote full integration and participation of people with disabilities in the community and to assist their families to take better care of their disabled members, we will provide person-centred occasional care and support services to disabled children/youth to enhance their personal development and to relieve the burden of their family members. A specially designed package of community support programmes will also be introduced. These include assisting ex-mental patients for adjustment in the community and providing extended day care services for the mentally/physically handicapped persons.

Assistance to young people with disabilities

24. We will provide additional community support to young persons with disabilities. Services include -

- (a) vocational training and employment assistance to disabled young persons with employment difficulty – to help more disabled

young people in gaining early access to the job market, we will provide vocational rehabilitation service. This include providing young job seekers with intensive vocational training: employment counseling; job matching and attachment programme; and post-placement service; and

- (b) specialized support services for young persons with early sign of mental health problems – this is a new measure to help disabled young persons who have developed early sign of mental health problem. Social workers will provide them with professional counselling for enhancing their psychosocial functioning and efficacy in managing the symptoms. Special support teams comprising social workers will be set up to provide the service.

Rehabus Services

25. We plan to acquire 5 new rehabuses in 2005-06 and will continue to work closely with Transport Department to improve the efficiency and productivity of the reabus service.

Accessibility of public transport to the disabled

26. We will continue to examine with relevant bureaux and departments on ways to persuade operators of public transport to offer fare concessions to PWDs.

Measures to support independent living of disabled CSSA recipients

27. Our rehabilitation policy is to encourage and facilitate people with disabilities to live, participate and integrate in the community. To help disabled persons to live in the community, we provide them with the necessary support services. We propose to provide those CSSA recipients suffering from 100% disability or requiring constant attendance 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 \$60Mn from the CSSA Scheme. Subject to the necessary approvals, we expect to implement the proposal within 2005.

Elderly

Long-term care services

28. There are many challenges posed by population ageing, such as increased demand in long term care (LTC) services. For elders who have functional disabilities and require LTC services, we aim to provide comprehensive home and community-based care services to enable them to live in the community for as long as possible, and to the extent as necessary, to provide residential care to suit their varying needs. “Ageing in place” and “continuum of care” are our guiding principles in the provision of LTC services. The aim is to target resources at elders most in need.

29. We have taken steps to re-engineer LTC services to place more emphasis on home and community care services. To ensure a more precise matching of services to care needs and cut down instances of premature or unnecessary institutionalization, we have adopted a standardized care need assessment mechanism to assess the care needs of elders. At the same time, we aim to enhance the level of care of subvented residential care homes for the elderly (RCHEs), so as to make efficient use of resources and take care of more elders who are frail.

30. Currently, about 26% (or about 7,000) of the 27,000 subsidised residential care places for the elderly, which are self-care (S/C) hostel places and home for the aged (H/A) places, do not have care element. To meet the growing care needs of elders, we will put in about \$180 million to gradually convert existing S/C and H/A places into long-term

care (LTC) places starting from 2005, to provide frail elders with continuum of care up to nursing level. Under the phase-out programme, existing residents of the S/C and H/A places will be able to continue to stay in their existing homes as far as possible and the conversion exercise will kick in when there are vacancies arising from natural wastage. Because of the higher level of care required, the operating costs of a LTC place are higher than a S/C or H/A place. We project that, under the cost-neutral approach, the whole conversion exercise will eventually generate about 3 000 LTC places.

31. We will also seek to provide infirmary care services for medically stable infirm elders in a non-hospital setting. The initiative will ensure that hospital-based infirmary care services are targeted for patients most in need, including elderly patients, in the long term. For infirm elders who are medically stable, hospitals may not be the most ideal places for them to receive care. Overseas experiences have shown that medically stable infirm elders can be better taken care of in welfare institutions outside hospitals.

Portable Comprehensive Social Security Assistance Scheme and Permissible limit of absence from Hong Kong under the SSA Scheme (including OAA and DA)

32. The CSSA Scheme, which is means-tested, provides a safety net of last resort for those who cannot support themselves financially. With increasing ageing population and more cross-boundary movements, we appreciate that more elders on social security have expressed the wish to retire in the Mainland, and continue to receive their welfare payments. We propose the following relaxation measures to facilitate elders to retire in the Mainland while in receipt of CSSA payments.

33. We propose to relax the current eligibility requirements under the Portable Comprehensive Social Security Assistance (PCSSA) Scheme by allowing elders who have received CSSA for not less than one year

(currently not less than three years) to join the scheme. We also propose to extend the coverage of the scheme beyond Guangdong Province. In considering the extension of the coverage of PCSSA, we need to take into account the feasibility and cost-effectiveness of any extension. As Fujian Province is the province with the second largest number of elderly recipients as their home province, after Guangdong Province, we consider it worthwhile to extend the PCSSA Scheme to Fujian Province as well. Subject to the necessary approvals, we aim to implement the PCSSA proposals in the second half of 2005.

34. On the other hand, the OAA is to provide a largely non-means tested monthly allowance to elderly Hong Kong residents aged 65 or above in the light of old age. To provide elders with more flexibility to spend more time with family and friends outside Hong Kong, we propose to relax the permissible limit of absence from Hong Kong under the SSA Scheme (including the OAA and DA) from 180 days to 240 days a year to allow the recipients to spend more time with relatives and friends living outside Hong Kong. Unlike PCSSA, OAA (and DA) are paid to residents who are normally resident in Hong Kong. It should be noted that the number of OAA recipients likely to take advantage of any longer period of absence, and stay more or less permanently in the Mainland, would likely be much larger. Their destinations in the Mainland would also likely be even more widespread than those under the PCSSA Scheme. It would not be possible to put in place an administrative arrangement in the Mainland, or for that matter, in other overseas countries, to review the continuous eligibility of recipients. Therefore, it is necessary for them to maintain a period of residence in Hong Kong to ensure that the allowance is paid to those who still maintain a genuine connection with Hong Kong. Subject to the necessary approvals, we aim to implement the SSA proposal towards the end of 2005.

Enhanced Communication with the Welfare Sector

35. Good communication with the welfare sector is crucial. We

will continue to strengthen our communication with the welfare sector. For example, we would start a new consultation mechanism in 2005 by discussing with the welfare sector on the initiatives and priorities for helping the disadvantaged in our annual planning process. We would also work with the sector in the next six months on the arrangement after the termination of the Tide-Over Grant in 2006-07.

Progress Report on Implementation of 2004 Policy Initiatives

Helping the Disadvantaged

Community Investment and Inclusion Fund

36. The \$300 million CIIF was launched in 2002 to encourage mutual concern and aid, promote community participation, and support cross-sectoral programmes. We already separately briefed Members on the latest development of this Fund at the meeting on 10 January 2005 (paper ref : LC Paper No. CB(2)538/04-05(06)). In particular, the Fund would be extended for another three years. In the coming years, the Fund focus on building up the critical mass of projects within each districts and enhance strategies with specific target groups, such as deprived children and youth to help breaking the cycles of deprivations through community joint actions. Successful project models would also be extended to other districts and we would work with DSWOs, especially in those districts requiring special attention, to encourage and assist the development of worthwhile projects targeting the special needs of the district.

Implementation of an effective and sustainable safety net

37. The Government continues to commit to implementing an effective and sustainable safety net to assist the financially vulnerable. In the past five years from 1999-2004, expenditure on CSSA increased from \$13.6 billion (7.8% of recurrent government expenditure) to \$17.3

billion (8.8% of recurrent government expenditure). During the same period, expenditure on OAA under the SSA Scheme has also increased from \$3.5 billion (2% of recurrent government expenditure) to \$3.6 billion (1.8% of recurrent government expenditure). Government expenditure on CSSA and OAA together in 2003-04 took up about 75% of Hong Kong salaries tax income. This reflects our continuing commitment to help those who are financially disadvantaged, and our elderly who are increasing because of the ageing population.

Trust Fund for Severe Acute Respiratory Syndrome (SARS).

38. To assist the needy affected by the SARS epidemic of March to June 2003, the Government established a \$150 million Trust Fund for SARS in November 2003 for to provide special ex-gratia relief payments or financial assistance to the families of the deceased SARS patients as well as eligible recovered SARS patients and eligible 'suspected' SARS patients treated with steroids. Up to end December 2004, we have received a total of 1,087 applications involving 317 deceased cases, 766 from recovered SARS patients and 4 from "suspected" SARS patient treated with steroids. A total of 855 applications at \$107.8 million have been approved. We will continue to oversee the operation of the Trust Fund in 2005, mainly for the six-monthly renewal application for assistance by recovered SARS patients and 'suspected' SARS patients treated with steroids.

Children and Youth

Adoption Ordinance

39. We are consulting the social welfare sector in drawing up the administrative guidelines and procedures for child adoption in preparation of the subsidiary legislation under the amended Adoption Ordinance. We are also liaising with the Central People's Government on the implementation of the Hague Convention on Protection of Children and

Co-operation in respect of Inter-country Adoption in the Hong Kong Special Administrative Region.

People with Disabilities

IT and communication support for people with severe disabilities

40. As an ongoing initiative, we have launched an IT awareness and training project to promote access of the people with disabilities to IT. Around 16 200 training places will be achieved by March 2005. Train-the-trainers programmes were conducted for around 750 persons working with or being carers of the people with disabilities. Further programmes on pre-vocational IT training are also conducted for 230 persons with autistic spectrum disorder and 150 carers/workers. More tailor-made IT training and support for the severely disabled persons are being prepared to facilitate their integration with the community and enhance their quality of life.

Elderly

Fee Assistance Scheme

41. We mentioned in the 2003 Policy Agenda our plan to develop a Fee Assistance Scheme (FAS) to allow elders to have more choices and flexibility in using residential care services. We have carried out the first stage of consultation on the general concept of the FAS in 2003, involving the Elderly Commission, the Panel and District Councils. The concept received support in general.

42. We will develop the concept more fully before working out the implementation details in consultation with the stakeholders. Given the complexity of the issues involved, we will adopt a step-by-step approach. We aim to consult the sector, the Panel and the community again in 2005.

Promoting active and healthy ageing

43. Promoting active and healthy ageing is an integral part of helping our elders to strengthen their personal assets. In line with the recommendation of the Task Force on Population Policy, we have continued to collaborate with the Elderly Commission (EC) to promote active and healthy ageing in the community.

44. Having carried out a three-year Healthy Ageing Campaign with the EC from 2001-2004, we organized a large-scale Healthy Ageing Seminar and Exhibition in June 2004 to mark the completion of the campaign. Although the main Campaign has been completed, 9 large-scale Community Partnership Scheme projects are still running, promoting a positive image of ageing, and enhancing elders' sense of their own ability.

45. We will continue to seek opportunities to promote active ageing with EC's Task Group on Active Ageing to promote lifelong learning for elders; to promote well-planned financial security on retirement; to promote intergenerational solidarity among young and old; and to promote a supportive environment for active ageing.

Financial Support System for Elders

46. The Government has all along been committed to develop a sustainable financial support system which targets resources to elders most in need, drawing reference from the three-pillar model advocated by the World Bank. The first pillar of providing for a mandatory retirement protection plan is in place in the form of the Mandatory Provident Fund Scheme. In respect of the second pillar which is a public plan for poverty alleviation, currently elders in need can obtain assistance under the CSSA, or they can receive the OAA which is non means tested for those aged 70 and above. The third pillar calls for personal savings by individuals. To assess the financial sustainability of the three pillars,

and to look further into the longer term needs of an ageing population, the Central Policy Unit is planning a series of research.

Initiatives in the 2004 Policy Agenda but not in the 2005 Policy Agenda

Engage the third sector in the deliberation of their roles in social investment

47. We organized two conferences in April and September 2004 to discuss with the welfare sector and others on the adoption of social investment and tripartite partnership, together with the design of our safety net with springboard effect, as our key strategic responses for addressing social problems. With the general agreement of the approaches by the relevant sectors, we would adopt these approaches in our various programme areas as appropriate. For example, the Partnership Fund for the Disadvantaged to be shortly launched is to promote tripartite partnership.

48. We will continue to engage the welfare sector through the annual consultation process as mentioned in paragraph 35 above. We envisage that consultation sessions are likely to be held twice a year, the first time in April/May and the second time in September/October.

Guidelines for barrier free access for the disabled

49. For the development of a barrier-free physical environment enabling the better access of people with disabilities to buildings and facilities, a review was conducted on the Design Manual-Barrier Free Access 1997. The review is in progress and will be completed in 2005.