

Legislative Council Panel on Welfare Services

Policy Initiatives of Health, Welfare and Food Bureau for 2005-06

Purpose

The Chief Executive announced his 2005-06 Policy Address on 12 October 2005. This note elaborates on the initiatives on the welfare side in the 2005-06 Policy Address and Policy Agenda. It also gives an account on the position reached on initiatives relating to welfare services covered in the earlier Policy Agenda in January 2005.

2005-06 Policy Address and Policy Agenda

2. Our welfare system seeks to help people build up their capacity to overcome adversities and target resources at helping those most in need. We believe in nurturing the spirit of mutual help and shared responsibility in helping the less fortunate members of our community. Partnership is the key and therefore the Government encourages cross-sectoral co-operation and sharing of resources in promoting social welfare programmes.

3. Specifically, we believe that the nurturing of character and well-being of individuals have to start with the family and wholesome families provide the backbone to a harmonious and stable society. The Government will strengthen support to families, especially those in vulnerable situations, but it falls on each one of us in the community to live out the virtue of mutual respect in a family that we have treasured for generations.

4. The Comprehensive Social Security Assistance (CSSA) Scheme provides a safety net of last resort to those who have lost the ability to support themselves financially. In 2004-05, we spent \$17.6 billion in CSSA to some 540 000 recipients, and \$3.7 billion in Old Age Allowance to 460 000 elderly recipients, representing 10.7% of total recurrent government expenditure.

5. Our welfare system 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 (SWD's) budget. The non-social security portion of the welfare budget of the Government has increased by 17.5% from 2001-02 to 2005-06.

6. Coupled with the heavily subsidized public medical services, education and housing, we have built a very extensive fabric of social assistance to those in need. We need to be mindful of the sustainability of any publicly funded services. We also need to ensure that public assistance programme should help bring out the potential and self-help ability of an individual to the betterment of the society.

New Initiatives

Enhancement of Family Functioning

Family Education

7. Like other places, our families are facing many socio-economic changes. We feel the need to promote the traditional core values of families. To achieve this, we will earmark additional resources to strengthen our promotional efforts in this regard. We would use various means such as media programmes and publicity campaigns, district activities and other types of programmes to promote these values and concepts in our community.

Family Support Programme

8. Besides, there is a need to proactively identify families in need and provide them with more timely assistance. Some of these families are either socially isolated or unwilling to contact our welfare units even though they may be in need of support services. To help these families, a Family Support Programme will be launched with the aim to maintain frequent contacts with these vulnerable families through home visitation, telephone contacts, outreaching, etc. The ultimate goal is to connect them to various support services available and motivate them to receive appropriate services to prevent further deterioration of their problems.

Tackling Domestic Violence

Pilot Projects of Batterer Intervention Programme

9. To better address the treatment needs of the batterers so as to break the violence cycle, SWD will launch two pilot projects of batterer intervention programmes. The two projects will be run by SWD and a non-governmental organization (NGO) from January 2006 to March 2008. They will be evaluated upon completion with a view to identifying effective treatment modalities for batterers of various backgrounds. Under the pilot projects, treatment will be provided to batterers joining the programmes on a voluntary basis, as well as batterers put on probation through a condition stipulated in the probation order.

Elderly

Strengthening the manpower of the Licensing Office of the Residential Care Homes for the Elderly to enhance the inspection and monitoring of Residential Care Homes for the Elderly

10. We attach importance to maintaining the quality of Residential Care Homes for the Elderly (RCHEs). As the licensing authority, SWD adopts a three-pronged approach, namely licensing control, capacity building, and monitoring and enforcement. With more and more licensed RCHEs, the workload of the Licensing Office of the Residential Care Homes for the Elderly (LORCHE) has been increasing as the number of inspections and monitoring requirements increase. To cope with the increase in workload, SWD will through internal redeployment of resources strengthen the manpower of LORCHE and enhance staff training, with a view to stepping up inspections and enforcement against RCHEs in breach of licensing requirements.

Training additional Enrolled Nurses for the welfare sector

11. To address the problem of nursing shortage in the short-term, SWD, with the assistance of the Hospital Authority (HA), will launch a two-year full-time welfare-oriented training course to train enrolled nurses (ENs) for the sector. About 110 EN training places will be provided, with priority accorded to individuals currently working in the sector. Tuition fees will be subsidized by SWD, and graduates will have to work in the sector for at least two years after graduation. The course

is scheduled for commencement in early 2006.

Developing more community-based elderly care services

12. Ageing in the community benefit elders psychosocially. Facilitating elders to age in the community is one of the cornerstone principles of our elderly care policy. Whether elders are willing to receive community care services hinges on their perception of the services available. To further facilitate elders to age in the community, we will work with the EC to explore how to further develop community care services, taking into account the need for the services to be more diversified, adoptive to market changes, and cost-effective.

Enhancing the interface between the medical and welfare sector in the provision of elderly services

13. LTC for the elderly is an integration of medical/ healthcare and personal/nursing care. It is therefore important that we enhance the interface between the two. In the Report on Building a Healthy Tomorrow published in July 2005, the Health and Medical Development Advisory Committee (HMDAC) has come up with various recommendations on enhancing the co-ordination between the two sectors in taking care of the elders. We will work with the EC to consider how to build on HMDAC's recommendations in providing better care for elders.

Rehabilitation

Transitional residential and day training services for severely disabled patients

14. We are planning to set up a transitional care and support centre for people with severe disabilities, including tetraplegic patients, to improve their physical, psychological and social functioning in a less medical intensive setting in preparation of their return to community living.

Convalescent and continuing rehabilitation day services to discharged patients with mental, neurological or physical impairment

15. We plan to set up five cluster-based Community Continuing Rehabilitation Day Centres (CRDCs) to provide temporary convalescent

and rehabilitation services to discharged patients with mental, neurological or physical impairments who require continuing rehabilitation training. Suitable patients will be referred by hospitals under the HA in respective districts. The CRDCs aim to prevent the discharged patients from becoming home bound, to avoid premature institutionalization and to minimize the need for long-term care.

Training and support services for family members and carers

16. The contributions of family members and carers of people with disabilities are essential in encouraging and sustaining the latter's participation in community life. We will enhance the support and training for these family members and carers, and will provide respite and other services to cater to their needs. These will be provided through our various new and existing rehabilitation programmes.

Visiting Medical Practitioner Scheme

17. We will launch a Visiting Medical Practitioner Scheme to provide primary medical care support to people with disabilities in residential rehabilitation services centres. The scheme aims to improve the health condition of the beneficiaries and to promote preventive care. It will relieve the difficulties arisen from traveling to the hospitals for medical treatment by people with disabilities living in these residential centres. We estimate that the scheme can benefit around 8 100 people in 170 rehabilitation units/centres.

International Festival for Inclusive Arts

18. We will launch an International Festival for Inclusive Arts (IFIA) on 3 December 2006 (Sunday) to promote full integration of people with disabilities into society. This is the first arts festival of its kind in Hong Kong organized by the Government, where people with or without disabilities, can showcase their work, access and participate in the arts. It aims to promote a society for all, integrating people with different abilities and challenges to strike for excellence through co-operation and sharing arts experiences. We will involve the eighteen Districts, schools, interested arts and social services organisations, business sector and the general public in the programme.

Progress Report on Implementation of January 2005 Policy Initiatives

Partnership Fund for the Disadvantaged

19. A \$200 million Partnership Fund for the Disadvantaged has been set up as a matching grant to promote the development of a tripartite social partnership comprising the Government, the business community and the welfare sector in helping the disadvantaged. The first round of applications was invited in March 2005 and a total of more than \$9 million was allocated to 29 NGOs. In addition, a total of over \$11 million of cash and in-kind sponsorship has been contributed by 84 business partners of these NGOs, many of whom also offer volunteer services to the disadvantaged groups. The second round of applications will be invited on 17 October 2005.

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

20. In order to provide better support to needy families, 61 Integrated Family Service Centres (IFSCs), transformed from Family Services Centres / Counseling Units, have been in place since March 2005 to provide a continuum of preventive, supportive and counseling services in a more user-friendly and accessible environment. In 2005-06, additional resources have been allocated to IFSCs to strengthen their manpower support and cover other expenses so as to facilitate the provision of more extended-hour services, more collaboration in the community, organization of more preventive and supportive groups and programmes; and cope with additional expenses due to larger accommodation, etc.

Strengthening district welfare planning and coordination

21. In order to strengthen the co-ordination and effectiveness in supporting families on a district basis, we would further strengthen district welfare planning and co-ordination in three areas. Firstly, with reference to the current practices of District Social Welfare Officers (DSWOs) of SWD in district welfare planning, a protocol for the district welfare planning (the Protocol) has been developed. The Protocol sets 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. After consultation with the relevant parties, we finalized the Protocol in August 2005. We would keep the Protocol and collection of

data under review in the light of experience and changing circumstances. Secondly, we are also reviewing the District Co-ordinating Committee mechanism. A pilot project is being conducted in Kwun Tong district which aims to promote the early identification of and early intervention to at-risk families or those with domestic violence problem through cross-sector and multi-disciplinary co-ordination and co-operation. An evaluation of the pilot project is being conducted and the review is expected to be completed by December this year. Thirdly, District Social Welfare Offices have also convened District Liaison Groups with the participation of Family and Child Protective Services Units (FCPSUs), IFSCs, the Police and other relevant organizations as a measure to strengthen district co-ordination in handling domestic violence cases.

Strengthening services, training relating to family crises, violence and suicide as well as Review of Domestic Violence Ordinance

22. The Government does not tolerate domestic violence. Offenders in violence cases involving assaults or other criminal offences are liable to criminal charges under the law. Over the past year, we have taken additional measures and provided additional resources to tackle the problem and strengthen support for families in need. These include strengthening manpower for services, strengthening co-ordination among the Police, SWD and NGOs, reviewing the guidelines relating to child abuse, reviewing the shelter service for battered women, improving district welfare planning and coordination, development of a central database on domestic violence and related cases reported to the Police, strengthened publicity efforts and enhanced staff training etc. In addition, SWD has commissioned a tertiary institute to conduct a series of mass seminars on basic awareness of domestic violence organised on a regional/cluster basis for over 2 000 related professionals (e.g. social workers, police officers, medical personnels, teachers, etc.) and district personnel (e.g. District Council members) in late 2005.

23. We have been reviewing the Domestic Violence Ordinance (Cap. 189) to examine whether, and if so, how the existing legislative framework may be further strengthened to render protection to victims of domestic violence. Key issues under study include the scope of the Ordinance, the provision of mandatory counseling for batterers and the duration of the injunction order, etc.

Support for vulnerable children and youth

24. There are children and young persons who are vulnerable and in

need of protection. With additional resources in 2005-06, 50 additional foster care places (including 15 emergency foster care places) have been provided since July 2005 while another 40 additional placements (including 10 foster care places and 30 children's home places) will be provided within the current financial year. Besides, additional clinical psychologists have been provided to offer psychological support for children and youth suffering from abuse and other problems.

Support for youth at risk and young offenders

25. New resources of \$23 million have been allocated in 2005-06 to NGOs to enhance the overnight outreaching services for young night drifters and the Community Support Service Scheme for youth cautioned under the Police Superintendents' Discretion Scheme. The enhanced services have commenced operation since August 2005.

Provision for District Social Welfare Officers

26. An annual recurrent new provision of \$15 million has been provided to DSWOs to address the developmental needs of children and youth aged 0 to 24 in disadvantaged circumstances in the districts. 40% of the new resources will be allocated on a project basis to cover programme expenses and the remaining 60% will be distributed as direct cash assistance to deprived children and youth on individual item expenses to meet their developmental needs. The initiative has been implemented since September 2005.

Additional Fee-Waiving Places for After School Care Programme

27. To strengthen the after school child care support service run by NGOs for primary pupils aged 6 to 12 from needy low income families, the recurrent funding for provision of fee-waiving places under the After School Care Programme has been increased from \$10 million to \$15 million per annum with effect from 2005-06, raising the maximum number of full fee waiving places available from 830 to 1 250. As at 1 October 2005, SWD provided 1 026 full fee-waiving places.

Community Investment and Inclusion Fund

28. Since the \$300 million Community Investment and Inclusion (CIIF) was first launched in 2002 to encourage mutual concern and aid, build capacities for community participation, and create opportunities through cross-sectoral programmes, a total of 93 social capital building

projects with funding over \$71 million involving over 300,000 people are being implemented in all districts.

29. Early results are being achieved. The Fund has also been extended since early 2005 for another three years to extend its impact, through replicating some of the good practice models especially in those districts requiring special attention. We have also commissioned five universities to independently and critically examine the critical success factors and overall impact of the CIIF projects and operation. The results would be available in February 2006.

Trust Fund for Severe Acute Respiratory Syndrome

30. To assist the needy affected by the Severe Acute Respiratory Syndrome (SARS) epidemic of March to June 2003, the Government established a \$150 million Trust Fund for SARS in November 2003 to provide special ex-gratia relief payments or financial assistance to the families of the deceased SARS patients as well as recovered SARS patients and ‘suspected’ SARS patients treated with steroids. By end September 2005, we have received a total of 1 113 applications, with 880 approved involving \$121 million.

Adoption Ordinance

31. The Central People’s Government ratified the Hague Convention on Protection of Children and Co-operation in respect of Inter-country Adoption (the Convention) on 16 September 2005 and the Convention will enter into force in Hong Kong on 1 January 2006. With the amendments to the principal ordinance of the Adoption Ordinance (Cap.290) enacted in 2004 to enable the Convention to take effect in Hong Kong, we are now preparing the subsidiary legislations which are primarily court rules and procedures. We will also consult the social welfare sector in drawing up the related administrative guidelines and procedures.

Comprehensive Child Development Service

32. For early identification of the varied needs of children and their families so that appropriate services can be provided in a timely manner, we announced in the January 2005 Policy Address to launch a pilot Comprehensive Child Development Service (CCDS) (formerly known as the “Head Start Programme on Child Development”) for children aged from 0 to 5 and their families. CCDS is a community-based programme

which aims at augmenting the existing universal service in the Department of Health's (DH's) Maternal and Child Health Centres (MCHCs) through better alignment of the delivery of health, education and social services currently offered by different service providers. The first pilot programme was launched in Shum Shui Po in July 2005, to be followed by pilot implementation in Tin Shui Wai, Tseung Kwan O and Tuen Mun in early 2006. A review will be conducted on the pilot run in mid 2006.

Specialized support services for young persons with early sign of mental health problems

33. To achieve early identification and intervention for children and adolescents with mental health problems, five specialized teams in medical social services have been formed to provide specialized support services to young persons with early sign of mental health problems. The above service will commence by the end of 2005.

Vocational rehabilitation to disabled young persons with employment difficulties

34. We launched in October 2005 "The Sunnyway - On the Job Training Programme for Young People with Disabilities" (the Programme) to enhance employment opportunities and self-reliance ability of young people with disabilities or early signs of mental illness through proactive, market driven and placement-tied vocational training and support.

Rehabus service

35. Rehabus service is a point-to-point transport service for people with disabilities who have difficulties in using public transport. Over 80% of the operating cost is funded by the Government. The total number of rehabuses is now 87 and will be increased to 92 by early 2006. A total of 59 scheduled and feeder routes primarily for taking people with disabilities to work are being run. It also provides dial-a-ride service for attending hospital/clinic appointments and other recreational activities. We will continue to strengthen the rehabus service through addition of new buses, replacement of aged vehicles and rationalizing its service routes to enhance its efficiency.

Accessibility

36. A barrier free environment is essential to the integration of

people with disabilities into society. A *Design Manual – Barrier Free Access* was issued by the Buildings Department in 1997 setting out the relevant design requirements on access and facilities for people with disabilities. A review on the *Design Manual* is underway with a view to further enhancing the accessibility standard.

37. In parallel, we will continue to explore the feasibility of introducing Liquid Petroleum Gas wheelchair accessible taxi to complement the rebus service.

Information technology and communication support scheme for people with severe disabilities

38. This scheme, with a capital of \$2 million, is set up to promote re-integration and adjustment of the severely physically disabled persons, including those suffering from tetraplegia, muscular dystrophy, cerebral palsy, upon their discharge from hospital to the community. Financial assistance will be granted to the needy disabled persons to acquire assistive device and information technology equipment to enhance their capability in communication with the outside world.

Continuing to convert subvented residential places into LTC places for frail elders to meet the growing care needs of elders

39. Along the principle of “continuum of care” and to target subsidized residential places at frail elders, SWD has started the conversion programme in June 2005 to gradually upgrade all the 7 400 existing self-care hostel places and home for the aged places which do not have LTC element, and another 3 300 subvented care and attention places which do not provide continuum of care, into LTC places providing continuum of care.

Further studying the financing model for residential care of frail elders to allow them more choices and flexibility in using residential care services

40. To enable elders to have more choices and flexibility in using residential care services, we carried out the first stage of public consultation on the general concept of developing a Fee Assistance Scheme (FAS) for financing residential care of frail elders in 2003. The concept received support in general but the feasibility of FAS has yet to be ascertained bearing in mind the design of suitable service delivery mode and different demands and views from different stakeholders.

41. There are various contentious issues which we need to thoroughly consider in deciding the feasibility and desirability of FAS, including the need and mode of means-testing, the level of subsidy, and the transitional arrangements from the current mode of funding the operators to the future mode of financing the users.

42. We will be studying the issue of LTC financing in consultation with the EC. FAS will be one of the LTC financing options which we will look into.

Review of the provision of disregarded earnings under the CSSA Scheme

43. Disregarded Earnings (DE) refers to the earnings from employment that are disregarded when assessing the amount of assistance payable to a CSSA recipient. The provision of DE aims to ensure that those who work would not be financially worse off, thus providing an incentive for recipients to find and maintain employment. In 2004-05, the total amount of CSSA recipients' earnings that has been disregarded amounted to \$745 million. The maximum level of monthly DE is \$2,500. We have initiated a review, and we expect the results to be available towards the end of this year.

Revised Proposal for Single Parents Recipients under the CSSA Scheme

44. In line with the spirit of helping able-bodied CSSA recipients to gain self-reliance, we have drawn up a package of proposals to help single parents on CSSA to build up their capacity for self-help, and to integrate with the community as early as possible. We took into consideration the views expressed by concerned parties and have revised our proposals as follows –

- (a) single parents and other child carers on CSSA with the youngest child aged 12 to 14 will be required to seek at least part-time employment (defined as a paid job entailing not less than 32 hours a month);
- (b) a package of arrangements consisting of an employment assistance programme specifically for single parents and other child carers on CSSA with the youngest child aged 12 to 14, and intensive employment assistance and basic skills and skills upgrading training in the form of Intensive Employment Assistance Projects for those single parents and child carers with no or limited work experience will be

launched by SWD; and

- (c) there will be no change to the existing arrangements for the single parent supplement at this stage.

45. We aim to start implementing the above arrangements through the launch of a trial Employment Assistance Project for 18 months commencing April 2006.

Health, Welfare and Food Bureau
October 2005