

For Discussion  
on 13 October 2006

## **Legislative Council Panel on Welfare Services**

### **Policy Initiatives of the Health, Welfare and Food Bureau for 2006-07**

#### **Purpose**

The Chief Executive announced his 2006-07 Policy Address on 11 October 2006. This note elaborates on the welfare initiatives in the 2006-07 Policy Address and Policy Agenda. It also gives an account on the latest position of the initiatives relating to welfare services in the 2005-06 Policy Agenda.

#### **2006-07 Policy Address and Policy Agenda**

2. Family harmony is the foundation of a harmonious society. From the welfare policy perspective, we adopt a family-oriented policy and are firmly committed to preserving and strengthening family units, nurturing caring interpersonal relationships amongst family members, empowering individuals and families to resolve their problems with Government providing help when necessary. We also have the Comprehensive Social Security Assistance (CSSA) Scheme to provide a safety net of last resort to those who are unable to support themselves financially. In the coming year, the Government will continue our efforts on promoting family harmony through education programme, enhancing our outreaching work to needy families, strengthening our childcare services, providing specialized services for victims of domestic violence, and services for vulnerable elderly.

3. Families cannot sustain in isolation. Mutual help support networks in the neighbourhood are important building blocks of our social capital. During the past few years, we have helped launch many successful community-building projects throughout the territory under the Community Investment and Inclusion Fund (CIIF). We will further promote such a collaborative model, which will go a long way towards helping people overcome adversities through empowerment and creating a spirit of mutual support in the community.

4. On top of community network and participation, support from

other sectors and disciplines is also instrumental in addressing our social problems. We have been promoting cross-sectoral partnership, particularly tripartite partnership among the Government, business sector and the third sector. We are encouraged by the active involvement of more and more corporations in contributing to constructive solutions to our social issues. We remain committed to the multi-disciplinary approach, and would work further in promoting collaboration among professionals of various disciplines to address the needs of our community members in need.

5. We have been promoting for years the concept of “ageing in the community”, which is one of the cornerstone principles of our elderly care policy. To enhance the quality of life of the elders in the community, we have provided them with subsidized home-based or centre-based community care and support services. We will further enhance these services in the coming year. We will also continue to promote active ageing to the community. Yet, in the final analysis, we believe that through family support, it will make “ageing in the community” a preferred option to the elders who should prefer family comfort and support. For the single elders, we will continue to provide them with the assistance available but we will encourage them to lead an active life with participation in community life.

6. There is a limit to how far the Government should intervene into family matters. Government and professional support can never take the place of love and care rendered by our family members. We would look to all individuals to treasure their own family members, both the younger ones and the elderly, whether in their core or extended families, and to work towards vitalizing healthy and harmonious family relationships.

7. From the Government’s perspective, family issues are complicated, cutting across many bureaux and departments. On the welfare services front, our adoption of a family-oriented strategy with support from a caring community as outlined above has proven to be effective. While we would continue with this strategy, we also hope to more comprehensively introduce these concepts to other policy areas. In the coming six months, we will seriously study the feasibility of establishing a Family Commission which would bring under one roof the various commissions and committees currently responsible for handling issues regarding different age groups and genders. It would be able to pool resources, study and address problems from a cross-policy perspective with a view to achieving more effective co-ordination and providing more relevant support to families. It would also enable the

Government to adopt a more macro and holistic approach in supporting families.

## **New Initiatives**

### ***Rehabilitation***

#### *Enhancing Community Mental Health Support*

8. Early identification and intervention are key elements in handling mental health issues. While we will continue to enhance support services to ex-mental patients living in the community, we also plan to provide proactive outreaching intervention to those with signs of early mental health problems. This will facilitate their early access to appropriate welfare and other services, help prevent the deterioration of their conditions and facilitate their social integration through community support. Assistance will also be provided to their family members.

### ***Elderly Care***

#### *Providing Additional Subsidized Residential Care Places for the Elderly*

9. There are at present about 26 000 subsidized residential care places for the elderly. In view of the growing demand for subsidized long term care (LTC) services for frail elders, we will continue to create more subsidized residential care places in new purpose-built residential care homes for the elderly (RCHEs). SWD will also generate an additional 400 - 500 subsidized places in private RCHEs through the Enhanced Bought Place Scheme (EBPS).

#### *Enhancing the Care for Infirm and Demented Elders in RCHEs*

10. SWD has been providing a cash subsidy known as the Infirmary Care Supplement (ICS) to subvented RCHEs and EBPS homes for providing enhanced care to the infirm elders, and the Dementia Supplement (DS) to subvented RCHEs for providing enhanced care for the demented elders. In 2006-07, about \$28 million has been earmarked for ICS and about \$13 million for DS. Having regard to the growing number of infirm and demented elders in these RCHEs, we will enhance the support to RCHEs to strengthen their care for infirm and demented elders.

*Enhancing the Service Capacity of Subsidized Home-based Services for Vulnerable Elders*

11. There has been an increasing demand for the non-frailty-tested subsidized home-based services for elders, people with disabilities and individuals and families with social need. At present, there are about 2 000 cases waiting for the services. To improve the quality of life of the elders in the community, we have earmarked in the 2006-07 Budget an additional \$20 million to strengthen home care services for the elderly. SWD is inviting the existing operators of the 60 Integrated Home Care Services Teams to apply for the new resources for enhancing their services. We expect the enhanced services to be implemented in early 2007.

***Family***

*Providing More Flexible Day Care Services for Children*

12. To assist families with young children in facing their family or personal problems, particularly life challenges such as marital and emotional problems, we will launch a new day small group home service and extend the day foster care service. In addition, to encourage community collaboration in assisting families with child care needs, we will strengthen the service provision of mutual help child care centres by providing financial incentives to operators. Fee subsidy will also be made available for families with financial need.

***Tackling Domestic Violence***

*Legislative Amendments to Domestic Violence Ordinance*

13. Following a review of the Domestic Violence Ordinance (Cap.189, Laws of Hong Kong), we are consulting LegCo, the District Councils and our advisory bodies on proposed improvements to the legislation. We are finalizing the legislative proposals to render better protection for victims of domestic violence and will proceed with the preparation of the amendment bill within the current legislative session.

Further Strengthening Specialized Services and Support to tackle Domestic Violence and Family Crisis

14. Over the last two years, we have implemented a series of measures to enhance the services and support for victims of domestic violence. We will further strengthen the support in Family and Child Protective Services Units and the Integrated Family Service Centres. We will allocate additional resources to refuge centres for women to strengthen on-site social work support after normal working hours, enhance volunteer training and development of mutual help and after-care service for the victims. Clinical psychological support will also be enhanced to provide more timely advice and support to victims, particularly for children witnessing family violence.

**Progress Report on Implementation of 2005-06 Policy Agenda Initiatives**

Continuing to Strengthen District Welfare Planning and Coordination

15. To enhance the co-ordination and effectiveness in supporting families on a district basis, we have further strengthened district welfare planning and co-ordination. Since August 2005, we have put in place a protocol for the district welfare planning, setting out the standardized procedures to assist the District Social Welfare Officers of SWD in analyzing district needs, formulating district plans, collaborating with Non-Governmental Organizations (NGOs) and local groups, consulting District Councils and implementing district plans. We will keep the protocol under review in the light of experience and changing circumstances.

Family Support Programme

16. To help families which are either socially isolated or unwilling to approach our welfare units despite their need for support services, a Family Support Programme has been launched to maintain regular contacts with these vulnerable families through home visitation, telephone contacts, and outreach, etc. The ultimate goal is to connect the vulnerable families to various support services available, and to motivate them to receive appropriate services to prevent further deterioration of their problems.

*Continuing to Strengthen Services and Training relating to Family Crises and Violence*

17. Over the past years, we have taken additional measures and devoted more resources to strengthen support for families in need. As for training, on top of their regular training programmes, SWD commissioned a local university to launch from November 2005 to January 2006 the Training Programme on Understanding of Family Violence. Under the programme, a total of 8 seminars were conducted across the territory to provide basic training on domestic violence. In 2006-07, SWD will continue its efforts in enhancing training for the social workers and related professionals on handling domestic violence, incorporating child abuse, spouse battering, elder abuse and sexual abuse as the core subjects.

*Pilot Projects of Batterer Intervention*

18. Starting from January 2006, SWD has launched two pilot projects of batterer intervention. Under the pilot projects, group treatment is provided to batterers joining the programmes on a voluntary basis, as well as batterers who are put on probation. We will review the pilot projects upon completion to identify the effective treatment modalities for batterers of various backgrounds. An advisory group, comprising local and overseas academics, psychiatrists, clinical psychologists and social workers as members has been set up to advise on the implementation and evaluation of the projects.

*Comprehensive Child Development Service*

19. To facilitate the early identification of the varied needs of children and their families so that appropriate services can be provided in a timely manner, we have launched a pilot Comprehensive Child Development Service (CCDS) for children aged 0 to 5 and their families in four communities. CCDS is a community-based programme which aims at augmenting the existing universal service in the Department of Health's Maternal and Child Health Centres through better alignment of the delivery of health, education and social services currently offered by different service providers. Additional resources have been allocated to improve the service and management of the pilot CCDS. Subject to the outcome of the review of the pilot towards end 2006, the CCDS will be extended in phases to communities across the territory.

*Fee-Waiving Places for After School Care Programme*

20. To strengthen the after school child care support service run by NGOs for primary school students aged 6 to 12 of low income families, we have increased the recurrent funding for provision of fee-waiving places under the After School Care Programme in 2005-06, thereby raising the maximum number of full fee-waiving places from 830 to 1 250. As at September 2006, SWD provided in total 1 147 full fee-waiving places.

*The Community Investment and Inclusion Fund and the Partnership Fund for the Disadvantaged*

21. Since the launch of the \$300 million CIIF in 2002, a total of 116 social capital building projects have been approved, involving funding of over \$90 million. These projects are being implemented in all districts, supported by over 2 700 collaborators, involving over 300 000 participants with more than 240 mutual help networks and 20 co-operatives to be established.

22. An evaluation completed in March 2006 affirmed that the social capital strategies promoted by the CIIF have been effective in transforming vulnerable groups into contributors. It also found strong evidence of positive social and economic outcomes being achieved, and that participation in CIIF projects was instrumental in fostering trust and mutual help amongst people from different generations, social background or ethnicities. We will further permeate the concepts promoted by the Fund in the years ahead.

23. In addition, a \$200 million Partnership Fund for the Disadvantaged has been set up to provide 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. So far, 43 applications have been approved with grants totaled at \$13.5 million to match the \$16.1 million donations in cash or in-kind from 109 business partners, for implementing a variety of welfare initiatives for about 120 000 disadvantaged persons.

*Enhancing Transport Services for People with Disabilities*

24. In parallel with our on-going effort to improve accessibility of all public transport means, Rehabus provides point-to-point scheduled and dial-a-ride transport services for people with disabilities who have

difficulties in using public transport. By early 2007, the Rehabus fleet will reach 95 vehicles, running a total of 61 scheduled and feeder routes. We are working with the Rehabus to enhance their services.

*Convalescent and Continuing Rehabilitation Day Services to Discharged Patients with Mental, Neurological or Physical Impairment and Transitional Residential and Day Training Services for Severely Disabled Patients*

25. To facilitate early integration of patients with mental, neurological and physical impairment into the community, we are setting up Community Continuous Rehabilitation Day Centres (CRDCs) spread out in different public hospital clusters in the territory. One CRDC already commenced operation this month (October 2006), while the rest are in various stages of completion. Specifically for those with severe disabilities, including tetraplegic patients, we are establishing a transitional residential and day training centre to prepare their return to community living.

*Continuing to Improve IT and Communication Support for People with Severe Disabilities*

26. To build a digitally inclusive society in Hong Kong, we have been implementing a series of initiatives to support and encourage people with disabilities to embrace and make good use of information technology (IT) to facilitate their community living, communication, employment or education. Apart from providing computer facilities and the necessary assistive devices in community cyberpoints and rehabilitation NGOs for use by people with disabilities, we also provide funding for people with disabilities to purchase relevant IT facilities.

*Training and Support Services for Family Members and Carers*

27. In 2006-07, we have allocated additional funding to the rehabilitation service units and self-help organizations to organize training and support programmes for the family members and carers of persons with disabilities. In addition, other ongoing support to family members and carers would continue to be provided through our various rehabilitation programmes.

*International Festival for Inclusive Arts*

28. Acceptance by and encouragement from the community at large

are essential to the full integration of people with disabilities into society. We are launching a week-long International Festival for Inclusive Arts commencing on 2 December 2006 (Saturday) to promote a society for all, by encouraging people with different abilities and challenges to strive for excellence through co-operation in and sharing of arts experiences. The Festival has also mobilized cross-sectoral collaboration in support of the worthy cause.

*Promoting Active Ageing*

29. We have been working with the Elderly Commission (EC) to promote active ageing. An Announcement of Public Interest to promote a positive image of ageing and a seminar on pre-retirement preparation were launched in May and September 2006 respectively. We will further organize a Silver Hair Market Fair next month to promote the development of elder consumer market in Hong Kong.

30. SWD will also continue to promote active ageing through the Opportunities for the Elderly Project. This Project has provided subsidies to various community organizations for implementing innovative programmes which promote a sense of worthiness among elders and create a spirit of care for elders in the community.

*Strengthening the Manpower of the Licensing Office of the Residential Care Homes for the Elderly*

31. With more and more licensed RCHEs, the resources required for conducting inspections and monitoring have been increasing correspondingly. Five additional nursing staff have been recruited to strengthen the Health Inspectorate Team of the Licensing Office of the Residential Care Homes for the Elderly (LORCHE). SWD has also enhanced the training for LORCHE staff, and plans to deploy additional social workers to strengthen the Social Work Inspectorate Teams in 2007-08.

*Converting Subvented Residential Places into Long Term Care Places for Frail Elders*

32. Along the principle of “continuum of care”, SWD started a conversion programme in June 2005 to gradually upgrade subvented residential places (i.e. all the 7 400 existing self-care hostel (S/C) places and homes for the aged (H/A) places which do not have LTC element, and another 3 300 subvented care and attention (C&A) places which do

not provide continuum of care) into LTC places providing continuum of care. As at September 2006, 3 428 S/C, H/A and C&A places without continuum of care have been converted into 1 799 LTC places providing continuum of care.

*Further Studying a Sustainable Financial Support System for Elders*

33. Currently, we are offering wide-ranging protection for elders in need through the social security system, the Mandatory Provident Fund Scheme and the heavily subsidized public health care and housing services. To meet the challenges posed by an ageing population, the Administration has engaged consultant teams to examine the sustainability of the existing pillars of retirement protection and explore ways to strengthen these pillars. On LTC financing, we will continue to explore possible options in consultation with the EC, having regard to developments in the studies on health care financing options.

*Training Additional Enrolled Nurses for the Welfare Sector*

34. To address the problem of nursing shortage in the short-term, SWD, with the assistance of the Hospital Authority, launched a two-year full-time welfare-oriented training programme in March 2006 to train enrolled nurses for the sector. The second class will commence in November 2006. Adding together these two classes will provide a total of 220 training places, with priority accorded to individuals currently working in the welfare sector. Tuition fees are subsidized by SWD, and graduates are required to work in the sector for at least two years after graduation.

*Reviewing Measures under the CSSA Scheme to encourage Able-bodied CSSA Recipients to move to Work*

35. We have initiated a review on disregarded earnings (DE), which are the earnings from employment that are disregarded when assessing the amount of assistance payable to a CSSA recipient. We aim to complete the review by early 2007. We have also launched in April 2006 a trial employment assistance project, the “New Dawn” Project, to assist single parents/child carers on CSSA with the youngest child aged between 12-14 to achieve self-reliance and social integration.

*Trust Fund for Severe Acute Respiratory Syndrome (SARS)*

36. To assist SARS patients affected by the 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 mid September 2006, we have received a total of 1 118 applications, with 886 approved involving total financial assistance of \$132 million.

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