Proposal for
Welfare Priorities Setting for
2006/07 and Beyond

a submission to the Health, Welfare and Food Bureau

THE HONG KONG COUNCIL OF SOCIAL SERVICE

August 2005

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2. Preamble

The Council welcomes the Bureau's initiative to consult the sector on welfare priorities setting. NGOs value the opportunities to reflect frontline observation on social needs and service gaps, and work in partnership with the Government to seek joint solutions to these issues. There was enthusiastic discussion in the Bureau's consultation session on 20 June, 2005 and the sector looks forward to more joint discussion and planning platforms in future. Since then, the NGO sector has further followed up on the issues of concern raised and their views and recommendations are summarized in this submission.

Many social issues, such as poverty, unemployment, social inclusion of the disadvantaged groups, ageing population, and domestic violence, cannot be effectively tackled from the welfare perspective alone, and inter-disciplinary collaboration and cross-Bureaux co-ordination are essential. There is the need for the Government **to develop policy directives 'co-owned' by concerned policy bureaux and government departments and each of them can contribute in their specific policy areas and create synergy through better interface, co-ordination and collaboration.** Accordingly, we have not limited our recommendations to those related to welfare only. We hope to work in partnership with the Bureau to promote shared ownership of problem amongst different disciplines and policy bureaux, and develop more comprehensive and coordinated strategies to address community needs and promote social well-being.

3. Developing Participative Strategic Planning Process

As spelled out in the Social Welfare Services Lump Sum Grant Manual 2000, the HWFB and SWD have committed to work with NGOs in developing a more robust planning mechanism, which includes an integrated and forward-looking planning framework comprising long term Strategic Directions, Medium Term Plan and Annual Plan.

'The objective of the improved planning process is to provide a discipline and a mechanism for structured decision-making on how welfare services can be best engineered to meet the changing needs of the community and on how resources can be used in the most cost-effective manner...... It was envisaged that:

- The Strategic Directions will provide the Government's blueprint on the long term directions of social welfare services in Hong Kong.....

- The Medium Term Plan will provide a 3-5 year outlook of service development under each programme area, relating to objectives and key result areas.....

- The Annual plans will be drawn up by service providers, including both SWD and NGOs, in a holistic manner reflecting the latest policy objectives and priorities...'[1]

In the past year, the Government has started to put some of the above ideas into action, including the joint efforts with NGOs in the development of the Rehabilitation Programme Plan, the present Annual Priorities Setting exercise, and the formulation of the district planning protocol. We also appreciate the Government's partnership with NGOs in working out some critical service development issues such as the Conversion of the Home for the Aged. The experience gained in these exercises can serve as foundation for the Government to work out a more robust and well-coordinated planning mechanism with the sector.

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[1] Social Welfare Services Lump Sum Grant Manual Edition 2, October 2000, pg. 5-6

Recommendations:

2.1 We hope that in the coming year, the Government will make it a priority issue to actualize the pledge made in 2000 and **strengthen partnership with the NGO sector in welfare planning** by:

- Working out with NGOs, and in consultation with the public, a **Social Welfare Blueprint** which spells out the core values and mission of social welfare, as well as the strategic directions for the future

- Developing **medium term plan** for various programme areas by phases, with services for the elderly being a priority so as to be well prepared for all the challenges arising from an ageing society

- Continuing the present **Annual Priorities Setting** exercise in the context of the overall social welfare blueprint and medium term programme plan

- Following up on the public consultation on the **district planning protocol** and linking up district planning with the central planning mechanism, and ensuring that emerging needs identified at the frontline district level are fully considered in the planning process

- Emphasizing on a **participative approach** by forming expert groups, including NGO representatives recommended by the sector, to conduct more in-depth analysis and discussion, and to prepare the groundwork and proposals for consultation with the sector, service users and the community at large.

4. Addressing Poverty and Unemployment

In Council's 2004 Annual Submission to the Chief Executive, we have brought up various poverty issues, including the widening of the gap between the have and have-not and the problem of child poverty. The Government has responded to our concerns and followed up our recommendation on the setting up of the Commission on Poverty and also introduced a series of measures to address the poverty issues.

In recent months, we witnessed the upturn of the economy and for the period March to May, the unemployment rate has dropped from 6.9% in 2004 to 5.7% in 2005, but there are still over 204,800 persons looking for jobs.[2]

Moreover, a lot of people are still living in poverty. In 2004, there are over 1.17 million people living in low income household (i.e. 50% of median monthly household income[3]), among them there are around 250,000 children aged 0-14 and 107,800 young people aged 15-19.

Unemployed Youth :

Though the unemployment rate of the 15-19 age group has also dropped, it is still standing at a high level of 18.6% in March to May, 2005 (about 75,000 young people) and it is expected to rise in the coming quarter with more school-leavers joining the labour market. According to frontline experience, some young people who have gone through different training programmes still have difficulties to enter the job market. These young people are low in education attainment, inter-personal skills and self esteem and some of them may be slow learners or have special learning difficulties. Tailor made services will be required to help them to get sustainable employment and prevent them from depending on social security at a young age.

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[2] Source: Census and Statistics Department website
[3] 50% of median monthly household income for 1 person, 2 person, 3 person and 4 person + households are $3,000, $6,000, $8,000 and $ 10,400 respectively in 2004 (source: General Household Survey)

People with Disabilities:

Among the unemployed persons, the people with disabilities (PWDs) are one of the most disadvantaged groups who face most difficulties in getting employment. According to Government's statistics, the unemployment rate of PWDs is 2.5 times of that of the general population. However, NGO sector estimated that the unemployment rate of PWDs hit at 30% at the least. The Government, in the past, has taken a lot of measures to promote the employment and self-reliance of PWDs and this is a target group which warrants more attention when discussing employment and poverty issues.

Recommendations:

The Government, NGOs, the business sector and the community at large had joined hands and taken various measures to address poverty issues in the past months. We hope that the Government would consider taking further actions to create more opportunities for employment and self-reliance by:

4.1 **Encouraging the development of social enterprise to create job opportunities for those less competitive in the open job market**

In 2001/02, the Government had allocated $50 million for the 'Enhancing Employment of People with Disabilities through Small Enterprise Projects', with the aim of providing employment opportunities and promoting self-reliance of PWDs in a more supportive work environment. Such initiative was welcomed by NGOs and PWDs and as at September 2004, $12 million was allocated to 24 projects, creating 330 job opportunities.

According to a survey conducted by the Council in 2004, NGOs had also joined hands with the community and developed over 40 social enterprise initiatives, providing employment and personal development opportunities for the disadvantaged groups. However, the further development of social enterprises is limited by the lack of resources as well as experience and knowledge in business management.

It is proposed that the Government to encourage social enterprise initiatives by:

- Providing **seed money for the development of social enterprise** to give more job opportunities for those least competitive in the job market

- Operating a **social enterprise support centre,** as a tripartite partnership initiative, to facilitate the development of social enterprises, by providing market information, training and best practice sharing, mentorship, legal and financial management consultancy, and etc. to increase their productivity and competitiveness

- **Reducing hurdles for social enterprises to bid for Government contracts,** for example, to breakdown large contracts into smaller ones so that social enterprises can have the required capacity to submit bidding.

4.2 Providing Intensive Support Service to Help Long-term Unemployed Youth to attain Sustainable Employment

Frontline experience reveals that there is a group of young people who might have gone through some youth employment training such as Youth Pre-employment Training Programme (YPTP), Youth Work Experience Training (YWET), Action S4 and short-term placement in NGOs. They may be motivated in job seeking, yet their work competence, in terms of both inter-personal skills and job skills are far from the entry requirement of the open job market. The present average of 16 counselling hours provided by the case manager may not be adequate to address their needs. If no appropriate support is given at this stage, they are quite likely to become CSSA recipients.

It is recommended that **part of the resources from the existing youth employment programmes be deployed to run pilot projects on Intensive Support Service** with emphasis on:
- job placement in the open market with on-site mentor
- intensive individual counseling and case management service to build up self esteem and coping skills
- individual career and personal development and training plan
- close collaboration between on-site mentor and case manager and involvement of case manager in on-site coaching on job skills and soft skills

4.3 **Adopting the Asset-building Concept[4] and facilitating families in poverty to build up assets for education and personal development, for example:**

- CSSA families can be encouraged to work and the income beyond the 'disregarded earnings' can be saved up in an account for use by family members in recognized educational/developmental activities

- Pilot projects can be launched to encourage families in poverty to participate in services (such as household cleaning for the older citizens) and earn asset points which can be cashed in to support their children to join recognized academic/developmental activities

4.4 **Promoting employment and self-reliance of PWDs by:**

- The Government to take a lead to set out an indicator on a manageable employment rate of PWDs and to require public bodies to follow suit

- The possibility of introducing affirmative measures, including tax exemption for employers and quota system for employees with disabilities should be further looked into

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[4] Reference website: http://www.assetbuilding.org

5. Preparing for Ageing Community

The ageing population is a challenge that the society has to address. In the coming five years, the aged population will grow steadily, but is expected to reach its peak of 27% in 2033. The elderly dependency ratio was 163 in 2004, and it would become 219 in 2018 and 428 in 2033.

Not only is the population ageing, the aged population itself is also ageing. The number of old-old (those aged 85 or above) is growing sharply. In mid 2004, there were 75,100[5] persons aged 85 or above. The number is projected to increase to 166,600[6] in 2018 and 240,900[7] in 2033 respectively. The old-old group is often the most vulnerable to various kinds of chronic diseases and will require long term care (LTC).

At present, the Government is spending more than 3 billions on welfare services for the elderly, in which almost 80% of the resources are spent on providing various kinds of LTC services to the frail elders. Nevertheless, vast majority of the elders are still healthy, active and independent. They are important human resources and should be encouraged to continue their participation and contribution to the society, especially when the proportion of the younger generation is continuously declining. **We hope that the World Health Organization's Three Pillars of Active Ageing (i.e. Security, Health and Participation) will continue to be the guiding principle in the development of elderly policies and services in Hong Kong.**

Recommendations:

5.1 **Forming a Steering Committee to Recommend Proposals on Long Term Care Policy and Financing**

Through various means like directly subsidizing the services or indirectly paying the CSSA recipients to reside in private old age homes, the Government is funding more than 80% of the LTC services.[8] With the fast growing demand on LTC, it is indeed not viable and not sustainable to rely mainly on the Government to finance LTC services through general taxations. Various

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[5] HKSAR Census and Statistics Department Homepage, FAS, July 2005
[6] HK Population Projections 2004-2033, CSD, June 2000
[7] ditto
[8] According to a presentation of the ex-DSW, 88% of the residential care homes for the elderly are funded by the Government (37% through subvention to NGOs, 11% buying places from private homes and 40% supporting the elders to live in private homes through CSSA)

options for long term care financing have to be studied and discussed with the community at large. Many controversial issues, such as user-pay, means-testing, subsidy in-cash (eg. fee assistance scheme) instead of in-kind (eg. the current LTC services) should be brought up to the public agenda for rational debate and consensus building.

It is recommended that a Steering Committee be formed, involving concerned professionals, representatives of the welfare sector as well as user groups, including the elders and carers, to study the subject and make recommendations for public consultation.

5.2 Better Interface between Medical/Health and Social Welfare Sectors

Frail elders often require acute care and long term care alternately. In essence, the medical and social service sectors are close partners in taking care of the same pool of frail elders. However, the interface between the two sectors is far from satisfactory. For instance, LTC service providers are facing difficulties in calling information from the hospitals for reasons of patient privacy, even though they have been providing detailed information of the clients to the hospitals at the point of admission. With better information sharing, LTC service provider's care to the frail elders could be facilitated, thus reducing the elder's needs of re-admission into hospital.

The HWFB can take the lead to enhance the collaboration and information sharing between the medical/health and welfare sectors, promote a person-centred approach in service delivery, and facilitate seamless and holistic care for the older persons. The possibility of providing authorized persons in welfare services to have access to the patient records at the Central Clinical Medical System could be explored. Locality-based collaboration meetings between the medical/ health and LTC services can be organized to enhance communication, collaboration and joint solutions to identified problem.

5.3 Speeding up the Conversion of the Self-Care Hostel (S/C) and Home for the Aged (H/A)

The SWD has closely worked with the sector on the upgrading of the existing S/C and H/A places into care and attention (C/A) places providing continuum of care. The sector welcomes the commencement of first phase of the conversion exercise, especially the news that HWFB has secured adequate resources for the

completion of the whole exercise.

It is proposed that the 2nd phase of the exercise be speeded up to facilitate all those homes ready for the conversion to join the exercise so that more C/A places could be provided to relieve the long waiting list and the operating agencies do not have to suffer the income deficit arising from leaving some beds vacant over a long period of time.

5.4 **Partnership with the Sector in the Development of Infirmary Beds in Non-Hospital Setting**

In line with the spirit of 'continuum of care' and 'ageing in place', the sector welcomes the introduction of infirmary beds in non-hospital setting.

It is proposed that a joint working group be set up between the Government and the sector to work out the operation issues such as division of roles between welfare and medical sectors, care levels, unit cost, and the support and training required. It is important that the unit cost be set at a reasonable level to ensure that quality service can be provided to meet the care needs of the frail cases.

5.5 **Improving Home Care Services to Facilitate the Older Persons to Live in the Community**

Integrated home care is an important service to support the older persons to live in the community. However, there has been persistent overloading of the service, and for October to December 2004, 37 out of 60 teams reported that they had to shoulder a workload which is 180% of the agreed level. Moreover, 22 teams have a waiting list of 40 cases or above, with the longest waiting list of 137 cases in Kwun Tong. Operating agencies also reported that for existing clients, they were unable to provide the frequency of service requested, especially for household cleaning, as priority was given to more essential services such as meal and personal care.

● Home care service has long been an important support measure to facilitate the older persons to lead an independent and dignified living in the community and help to lessen the demand on hospital and residential care. **It is suggested that the Government to work closely with the LTC sector to further assess the demand and provide resources for those districts with demonstrated needs so as to shorten the waiting list and provide adequate level of service as required by the client.**

- Due to resources constraint, the current Home-based services have accorded priority to the low-income families. Our experiences tell us that some elders or families, especially those with middle-class background, can afford to pay all or part of the services cost. **We propose to provide seed money to encourage the NGOs to develop self-financing home care affordable to the elders.** Such seed money would be used to cover the overhead cost like employee insurance, training and management, etc. This reduces the payment required from the elders and increases their willingness to pay.

5.6 **Strengthening Case Management Support for both Carers and Older Persons with no Family Support**

To many elderly persons, their need for Long-term-care (LTC) often come in rather suddenly when they become sick and ended in having some physical functioning impaired. Many are caught unprepared, both physically and emotionally, especially at the point of hospital discharge. Still in the sorrow of accepting their own illness, these elders are worried by questions like who is going to provide the care they required. What they need is a case manager to help in planning and making the care arrangement for them. **The case managers can provide information about the available services, both private and public, assist in making access to these services, as well as educate the carers in monitoring the care quality.** These case managers should have close linkage with the hospitals and accept referrals from hospital staffs. They should provide timely intervention at the point of discharge or even as early as when the elders were admitted into hospital to allow more time for making care arrangement.

It is recommended that a case management office operated by NGOs be set up to make care arrangement for those elders without family members and at the same time, enhance the family members' abilities to care for the elders.

Such case management office should provide territory-wide service like a hotline to render consultations to the family carers and a homepage with all the necessary information on elder care to enhance the carers' skills and knowledge. For those elders without family members or their family members are too frail to provide the care, this office should assign a case manager to help them making all the arrangements, as well as monitoring the care quality.

The crux of the problem of the recent news report on the elderly resident being abused in a private old age home is the lack of a case management system to help in monitoring the care quality. The elders residing in old age homes are simply too frail to protect themselves. Those who have family member can rely on their family, but those without family members are the most vulnerable to abuse. Currently, those mentally unsound elders are protected under the Mental Health Ordinance and assigned a guardian to protect his welfare whenever necessary. However, those physically frail but still mentally fit elders are not covered.

5.7 Addressing the Nurse Shortage in Welfare Sector

The welfare sector (especially the elderly and rehabilitation fields) has been suffering from serious nurse shortage and the situation is expected to aggravate. A survey conducted by the Council in June this year reveals that the elderly service has a total shortage of 288 enrolled nurses and 60.5 registered nurses (23.6% and 15% of the establishment respectively). As for the rehabilitation services, shortage of enrolled nurse is also serious.[9]

We urge the Government to look into the situation and work out with the training institutes on the demand for enrolled/registered nurses in the welfare sector and plan for manpower training accordingly. Otherwise, the nurse shortage will affect the sector's ability to take care of the frail cases, especially those newly discharged from hospital and require rehabilitation. To attract the nurses, agencies have to raise their salaries. Yet faced with budget constraint, especially at the current time of welfare budget cut, agencies inevitably have to lessen the manpower on other disciplines or reduce their salary. This is not a healthy development in elder care which requires multi-disciplinary intervention.

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[9] A survey conducted in June 2005 reveals the nurse shortage in the rehabilitation field as follows:
Registered nurse, 10 (11% of the establishment); Enrolled nurse: 90 (22%); Registered Psychiatric Nurse, 11 (33%) and Enrolled Psychiatric nurse: 8.5 (9%)

5.8 Promoting Active Ageing and Participation in Society

With better health, education and care, the present and coming cohorts of older persons are still active and productive in their senior years. Opportunities should be made available to facilitate their social and economic participation, as well as enabling them to contribute to the society.

- We hope that **the Government will make it a policy to encourage elderly participation through various means, such as the organization of annual Elderly Summit and district forums, inviting older person representatives to participate in relevant Government advisory committees, and consulting older persons on relevant policies and new initiatives.**

- At present, there are quite a number of elderly self-help groups for various purposes, such as continuous learning, community service and mutual support. They often face difficulties in tangible resources like places for meeting and administrative support. **We suggest that a set-up fund be provided to encourage the development of these self-help groups so that the older persons can fully develop their potentials and contribute to the social capital of the community.**

6. Strengthening Families and Community

Hong Kong families are facing a lot of challenges and stress. Employment and financial instability, long working hours, crowded living environment, lack of support network are some of the common problems local families are facing.

In recent years, we witness:

- an increase in the number of divorces, from 5,500 cases in 1992 to 14,000 cases in 2003

- an increase in the number of single parent families, from 34,000 in 1991 to over 58,000 in 2001

- an increase in split families with more and more people working in the Mainland[10]

- an alarming number of domestic violence cases, with 6% of adults reporting child abuse behaviour and 10% reporting spouse battering behaviour, in the past 12 months; and most of these cases are not known to helping professionals or the police[11]

- an increase in the number of suicide (from 902 in 2000 to 1264 in 2003) and attempted cases (from 1841 in 2000 to 2829 in 2003), reflecting the weakening of individual and family resilience[12]

- A high number of ethnic minorities in Hong Kong and a growing concern on their social and economic participation

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[10] According to CSD information, there were 244,000 people from Hong Kong who have worked in the Mainland in 2004 and more than 50% of them have traveled to the Mainland for more than 30 times in the past 12 months.

[11] Report on Findings of Household Survey, Study on Child Abuse and Spouse Battering, HKU June 2005. When projected to the whole population, the findings will mean 60,000 young people under the age of 15 have experienced child abuse; and 160,000 couples have experienced spouse abuse.

[12] HKJC Centre for Suicide and Research and Prevention (www.hku.hk/csrp)

Recommendations:

6.1 Setting up a Data Bank on Families

Family is the cornerstone of the society and proactive measures are required to promote family functioning and resilience. It is suggested that **a data bank be developed and longitudinal researches on Hong Kong families be conducted** so that policy makers, service providers and the community at large can have evidence-based understanding of the situations and trends of the local families, the threats and challenges that they are facing, and develop family friendly policies and practices.

6.2 Bridging 'the Difficult to Reach' with Helping Professional

Research findings and frontline experience reveal that families at risk may not be reached by the helping professionals and more proactive efforts are required to build up network with these families and **step up secondary prevention.** We welcome the Government's launching of a pilot Comprehensive Child Development Scheme (CCDS) which aims at early identification of families at risk through pre-school services and referral to existing mainstream services. However, this approach may reach out to those more ready to receive service, but not the unmotivated ones. We propose that **further resources can be injected to encourage more innovative and proactive efforts in reaching out to potential clients and bridging them with services, especially the unmotivated and 'difficult to reach' and to provide preventive services tailor-made to strengthen their family functioning and meeting their specific needs.** Some examples of these outreaching efforts may include telephone contacts and home visits by social workers/peer counselors/trained volunteers; providing services at places which the clients frequent, eg. MCHC, pre-school services, and mobilizing neighbourhood support network.

6.3 Formulating Multi-disciplinary Action Plan to Tackle Domestic Violence

The Government has commissioned HKU to conduct a Study on Child Abuse and Spouse Battering and a Review of the Social and Legal Measures in the Prevention and Intervention of Domestic Violence in Hong Kong. The reports of these 2 studies have just been published providing important findings and recommendations. We look forward to the Government formulating a **Zero Tolerance Policy on Prevention and Intervention of Domestic Violence with a concrete Inter-Bureaux/Departmental Action plan and a high-level**

central coordinating mechanism to implement the recommendations of the report.

6.4 Establishing HK-Mainland Platform to Provide Assistance to HK People in the Mainland

With the many split families having some of their members working or residing in the Mainland, more inter-governmental collaboration is required to **establish a standing platform to discuss provision of social support for this target group and facilitate interested NGOs to operate services in the Mainland to provide assistance in social and work adjustment.**

6.5 Forming Community Networking Teams

To empower and sustain community capacity and resilience to tackle family and community problems, it is worthwhile to consider the setting up of **Community Networking Teams** in economically deprived localities with the functions of identifying and building up local community assets, strengthening neighbourhood social support networks, fostering self help and mutual help in addressing local needs and developing local economy activities.

6.6 Providing Telephone Interpreter Service for the Ethnic Minorities

To facilitate the ethnic minorities to integrate better into the community and gain access to mainstream services, it is proposed that a **telephone interpreter service** be set up so as to break down the language barriers, provide timely interpretation service and promote better social integration.

7. Promoting Social Inclusion of People with Disabilities

The HWFB, together with relevant Government Departments, is working in partnership with our Council on the review of the Rehabilitation Programme Plan. The review exercise will be completed in a few months' time with and strategic directions for respective programme areas will be formulated to guide service development. For this welfare priorities setting exercise, several critical issues are highlighted for the Government's attention.

In recent year, new resources have been allocated by the SWD to enhance support services for PWDs living in the community. However, these are only the first stage of development in the provision of community support services for PWDs, and they are still far from enough in terms of intensity and variety. There are still service gaps in existing services which the Government needs to take proper measures to tackle in its annual planning.

On the other hand, integration of the PWDs in the community is a long term issue of concern. More efforts in various areas to enhance community acceptance, break down areas and provide opportunities are important to actualize the concept of 'A Society for All'

Recommendations:

7.1   **Facilitating the PWDs to live in the community**

Home care and community support services for people with severe disabilities, both physical and mental, have to be enhanced so as to facilitate those staying in institutions to move out and live more confidently in the community by choice. Further **support to family members and carers,** including considering the introduction of carer allowance, is also required.

7.2   **Tackling existing gaps in service provision, including**

- Enhancing availability of **pre-school services for disabled children in isolated and deprived areas** to meet the outstanding demand

- Supporting the development of alternative residential modes including **self-financed homes for people with mild mental handicap**

- Studying the overall service needs of the ageing PWDs and to implement the aging-in-place approach to **support aging people with mental handicap to continue to stay in the same hostel**

- Providing **visiting doctor service and outreaching psychiatric services** to rehabilitation service units

7.3 Enhancing Mobility of PWDs

Accessibility to public transport and built environment by PWDs is instrumental to the realization of a truly rights-based and barrier-free society. While we look forward to an improved revised Design Manual – Barrier Free Access which will be released for consultation soon, we urge for further improvement in the public transport facilities including:

- Developing realistic strategy for introduction of **concessionary fare** for PWDs

- Adding into the **franchise of public transport companies the requirement of full provision of accessible facilities for PWDs**

7.4 Promoting Public Acceptance

For years, the Government, in collaboration with NGOs, has been making efforts in promoting the positive image of PWDs through various forms of public education programmes. As a result, public acceptance of PWDs has improved steadily but myths and misunderstanding still exist. For certain target groups like people with mental illness, they are always being discriminated. We suggest **the Government to take a lead to network different parties at the district level to foster inter-disciplinary collaboration and cross sectoral partnership, involving district organizations, in provision of training for professionals, carers, community leaders and the community at large on the knowledge relating to mental illness.**

7.5 Facilitating the Development of Integrated Education

The EMB introduced a new funding mode of integrated education programme and provide extra resources to schools enrolling students with disabilities in 2003/04. However, parents and schools have raised grave concern towards this new funding mode. **It is proposed that the Government to involve the schools and service users and critically review the funding mode, in terms of overall design, adequacy of support level and implementation details to ensure that the students with disabilities are given the necessary support and assistance under the integrated education programme.**

8. Responding to Youth Mental Health Issues

According to the HK Rehabilitation Programme Plan (1998-99 to 2002-03), the prevalence rate of psychiatric disorder in children and youth under the age of 14 is around 15% to 20% (about 200,000 cases) and out of them, about 15,000 are in need of rehabilitation services. This finding is similar to the situations in the U.S.A. and U.K.[13]. Youth workers are also concerned that:

- 2,800 young people were diagnosed to have early psychosis by the Hospital Authority's Early Assessment Services for Young Persons with Psychosis (EASY) in 2001-03. About 700 new cases are expected to be received each year.

- There were on the average over 700 attempted suicide episodes and over 100 completed suicide episodes amongst the 0-24 age group in 2002 and 2003.[14]

- The findings of the 2000 Survey of Drug Use are alarming. 2.6% and 4.1% of the respondents indicated that they had ever abused heroin and psychotropic substances respectively. 12.9% indicated that they would likely/very likely take psychotropic substances in the future. Another study indicated that 70% of the young drug abusers have experienced hallucination while 15% have developed continued mental health problems[15].

- Owing to various reasons, some young people have withdrawn from the society, and even their family, for a long period of time. They shut themselves up at home and spend their time sleeping or playing computer games. Within 5 months since a pilot project addressing the youth withdrawal phenomena started, over 400 enquiries were received, 49 cases were open and 80 cases were put on waiting list.

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[13] The USA's Report of the Surgeon General published in 2000 remarked that approximately 20% of all children and adolescents aged 9-17 experience the signs and symptoms of DSM-IV during the course of a year while about 5% are extremely functional impaired. The UK's National Statistics also highlighted in the 1999 ONS Survey that some 10% of all aged 5-15 are likely to be facing more severe emotional and behavioral problems.

[14] The Jockey Club Centre for Suicide Research and Prevention

[15] A study on young substance abusers conducted by the Kwai Chung Hospital Substance Abuse Assessment Unit

Recommendations:

8.1   Setting up Pilot Projects on Youth Mental Health

We propose that District-based Youth Mental Health work unit be set up under the existing ICYSCs to provide one-stop service, including:

- Secondary Prevention and Early Identification (targeting the high risk groups that show mental health problems, e.g. withdrawal behaviours)
    - Peer support programmes in schools
    - Identifying and linking up youth with withdrawal behaviour
    - Training to teachers

- Support throughout rehabilitation (known cases as referred by schools or medical/rehabilitation services)
    - Case management
    - Linking users with services and liaison with medical/rehabilitation service
    - Home visit to identify withdrawal cases
    - Parents support programmes

- Integration (rehabilitated cases)
    - Day activity programmes (including leisure activities, education programmes and vocation training)
    - Adaptation skill training
    - Placement in schools or employment

8.2   Providing training for workers and teachers

It helps to increase the sensitivity and strengthen the awareness of workers and teachers towards the youth mental health issue such that children and youth in need could be identified at the earliest stage.   Moreover, handy information on symptoms for early detection and further assistance should be made available for them as well as the public.

8.3 **Enhancing interface with medical sector and strengthening the existing provision of HA's Consultation and Liaison Service**

Liaison between medical and social welfare professional contributes to more effective case referral and engagement of clients in treatment and rehabilitation plans. Frontline workers appreciate the Consultation and Liaison Service provided by some hospitals and suggest that the service to be strengthened and extended to all district hospitals so as to support community services to perform their role in early detection and social rehabilitation.

8.4 **Strengthening Substance Abuse Clinics (SACs) to provide early assessment and early treatment**

Following the 1995 Drug Summit, the Hospital Authority has set up 6 substance abuse clinics to provide specialized services for young drug abusers. These clinics work in close partnership with youth services and provide timely medical support for young drug abusers and help them in detoxification and treatment of mental disorders. However, in recent months, we witness the withdrawal of resources from these SACs including the closing down of one SAC in the HK Island and the tightening of admission criteria in another in Kowloon. **We urge the Government to maintain and strengthen the services of SACs to provide timely and accessible services to the young abusers to prevent worsening of the problem.**

9. Enhancing Tripartite Partnership

It is the goal of the Government and welfare sector to build a cohesive community based on ownership, common goals and values, social inclusion, partnership and participation. There is also a growing trend among Hong Kong companies to play an active and positive role in society. Business sector in Hong Kong generally accepts a broader social responsibility and many corporations are ready to contribute to the society in cash and in kind.

This year, the Government has set up a $200 million Partnership Fund for the Disadvantaged to encourage corporations to take part in helping the disadvantaged, and to foster the tripartite social partnership. We welcome the Government's initiative and it is a step forward in promoting corporate social responsibility in Hong Kong.

Partnership is much more complex than the traditional philanthropy that most are familiar with. To navigate through the competing demands and interests of diverse stakeholders requires a comprehensive and well thought-out management strategy that clearly links corporate community involvement to the strategic interests of the business and the needs of the community.

Recommendations:

9.1 For the sustainable development of tripartite partnership, we propose the Government to allocate part of the Partnership Grant to develop a Tripartite Partnership Platform to provide both business and NGO sectors with tools, resources and opportunities to contribute to the well-being of the society. The objectives of the Platform include:

- Develop information database and analysis in corporate philanthropy

- Advocate for greater community awareness on corporate social responsibility

- Provide training and tools for corporate community involvement, and share good practices for business community partnership

- Develop charity accountability system for NGOs

- Promote social reporting for corporations

- Encourage partnership by developing systematic mechanism to facilitate searching, identifying and matching of potential partners

10.Conclusion

It is appreciated that the Government has involved the sector in the welfare priorities setting exercise. Welfare priorities setting is a process which involves needs identification, review of existing service provision, formulation of strategies and resource allocation. We hope that the Government's consultation meeting and the Council's submission are only the beginning of a continuous dialogue to identify common goals and strategic responses. We also look forward to joining hands with the Government to plan for the next welfare priorities setting exercise in the context of a more coordinated and participative welfare planning framework.