

**Proposal for Welfare Priorities and Agenda
for 2011-12**

A submission to the Labour and Welfare Bureau

The Hong Kong Council of Social Service

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SUMMARY OF MAJOR RECOMMENDATIONS

Service Improvements
Family and Community
<ol style="list-style-type: none"> 1. Strengthening Integrated Family Service Centre service in response to changing service needs 2. Enhancing supportive service for families with specialized need 3. Enhancing family support in substance abuse treatment
Children and Youth
<ol style="list-style-type: none"> 1. Increasing extra secondary school social worker in handling youth drug abuse and mental health problems 2. Increasing ordinary place of Residential Child Care Service to shorten the longstanding waiting list and reviewing the Service
Elderly
<ol style="list-style-type: none"> 1. Improving community support and residential service for the elderly by conducting service review and removing those unfriendly measures. Service infrastructure and manpower planning of Day Care Centre for the Elderly, respite service, Code of Practice for Residential Care Homes should be reviewed. 2. Addressing the shortage of home care services to support the elders to age in place. 3. Increasing extra counselling worker and program worker in District Elderly Community Centre and Neighbourhood Elderly Centre to support both elders and caregivers in stress to achieve aging in place. 4. Identifying suitable sites for the establishment of new nursing home. 5. Increasing the respective sum and the support level of Infirmary Care Supplement (ICS) and Dementia Supplement (DS).
Rehabilitation
<ol style="list-style-type: none"> 1. Formulating long-term development plan on subvented residential services and extending the Bought Place Scheme to self-financing homes operated by NGOs. 2. Providing premises and increasing financial support to self-help groups. 3. Formulating the manpower plan on para-medical staff in social service settings.
Low Income Families
<ol style="list-style-type: none"> 1. Integrating different employment assistance programmes for Comprehensive Social Security Assistance (CSSA) recipients and placing the programme in recurrent funding 2. Facilitating internet learning be placed in CSSA payment starting from the 2011 school year

3. Improving the Rent Allowance in CSSA Scheme
New Initiatives
Family and Community
<ol style="list-style-type: none"> 1. Support service for residents in old urban area 2. Setting up of resource centres / outreaching teams to support ethnic minority parents 3. Setting up of family research fund
Children and Youth
<ol style="list-style-type: none"> 1. Developing pilot project on Cyber Youth Work 2. Setting up a pilot pre-primary school counseling service to support the students, teachers and parents at-risk
Elderly
<ol style="list-style-type: none"> 1. Formulating long-term care plan for the Elderly and exploring feasible financing models for the service 2. Re-designing a multidisciplinary approach of health care and social service resources to develop models of care. 3. Preparing for increasing cognitive impaired cases in the aging population: <ol style="list-style-type: none"> i. To launch awareness campaigns, activities and to improve public knowledge of mild cognitive impairment and increase timely training and to reduce stigma of Dementia. ii. To set up a day training and therapeutic centre for older people with cognitive impairment. iii. To make dementia a health priority, providing a focus for monitoring, reporting on and developing strategies to improve health outcomes for elders with dementia
Rehabilitation
<ol style="list-style-type: none"> 1. Developing new services and enhancing existing services for coping with the ageing problem of people with intellectual disability. 2. Providing financial support on rent and rate for those services with no welfare premises can be identified at their commencement of operation, so that they can rent places in commercial buildings and operate in full at soonest. 3. Observing the changes in delivery mode (increase in use of mobile crews/ simulated businesses) in Integrated Vocational Rehabilitation Service Centre and reviewing the funding support and manpower provision of these centres.

PREAMBLE

The livelihood of the public in Hong Kong should be improved as the economy is recovering from global financial tsunami. The stock market, Heng Sang Index has returned to above 21,000 from the lowest - 10,676 when the global financial tsunami started in October 2008. The unemployment rate in Hong Kong has lowered to the latest - 4.6 per cent from last year's peak figure - 5.4 per cent. In contrast, people experience no betterment but more hardship. Inflation has quickly reverted, from -3.2 in August 2009 up to +3.2 in June 2010 which put most general public in tight living. In the recent months, people are also facing the upsurge of the asset values that adds burden to home buyers and rental tenants. Together with many unresolved social strains, the public remains in hot pan that need concerted effort of the government and the welfare sector to make better of their living condition.

The family solidarity under the social development index 2010 has further dropped to (-906) nearly double lower than that of last report (- 535) in 2008. Families in Hong Kong are crumbling down. We need to back up our families in facing their challenges instead of expecting them to take up more caring responsibilities. Families in discord require professional mediation and counseling. Parents worrying their children being tempted to take drug call for guidance and support. Families exhausted in looking after their health deteriorating old members want some resort. Children in face of family turmoil demand proper settlement places.

The quick development in information communication and technology has brought new interaction pattern and life style to young people. A lot of social problems such as hidden youngster, cyber bully, compensating dating, internet gambling etc, have been generated following these changes. They confronted our conventional ways in helping young people. New system and skills namely cyber youth work is needed to develop to catch up the quick flow. Growing number of young people with mental health problem cannot be neglected. Little has been done and most services cannot fit the changing needs. School social workers provision cannot match with the demand and many social workers lack knowledge and training in handling young people with mental health problem. Young people in need of mental health service had to wait for more than half a year or even more before they could have formal consultation.

Shortage in residential care service for old or disabled people remains a central concern. Our old people in need of nursing care have to wait for close to thirty-six months before they received proper care. For those severely handicapped people, they need to wait for nearly twelve years before they had in a subsidized placement run by NGOs. Premise development

planning cannot be further delayed.

Long-term care of old age or ageing disabled people has to be addressed immediately. Not only determining the strategic directions for managing the problems, it is also essential to identify sources in financing the care and service for them.

In this year's welfare priorities and agenda setting exercise, a number of services, namely residential child care, community care services for elderly and integrated vocational centre service for people with disabilities, are proposed to have formal reviews. With the changes in demand and problem nature, these services need thorough examination of their existing provision to make improvement to fit the varying needs.

Welfare Priorities and Agenda 2011-12

1. Family and Community Services

1.1 Service Improvement

1.1.1 Strengthening Integrated Family Service Centre service

Since the inception of the Integrated Family Service Centre (IFSC) service mode in 2004/05, both the number and complexity of family cases had been identified in the rising trend. Even though there had been several waves of additional manpower provision to IFSCs in recent years, it was noted that the manpower of IFSCs has always been being very tight. According to the service statistics of the 21 NGO IFSCs, the total number of case handled had risen for 27% from 2005/06 to 2009/10. In 2009/10, each IFSC social worker had to handle 87 cases, 3 groups, 5 community programmes and 6 hidden family cases. All these figures have reflected the fact that existing manpower of IFSCs has already reached its saturation point.

As stated by the University of Hong Kong consultant team in its report on “Review on the Implementation of the IFSC Service Mode” (para 7.20),

There is a need to ensure appropriate support in the following areas:

- a) Clinical supervision: to continue to provide quality supervision with sufficient intensity and frequency to orientate new staff, to help experienced staff consolidate their expertise, and to develop new programmes or services in response to identified new service needs;
- b) Frontline service: to ease the absolute growth in workload of the Family Counseling Unit (FCU) generated from the increasing number, complexity and urgency of family problems; and to enhance the strength of the Family Support Unit (FSU) and Family Resource Unit (FRU) for achieving the IFSC objectives of providing preventive and supportive services to families; and
- c) Administration: effective use of the support staff through continuous training and enhancement in information technology to facilitate the efficient delivery of IFSC service.

Recommendation:

With the basis of 50 cases handled at any time as the optimal workload for each frontline worker, and taking account of the workload of group and community work by conversion formula. It is found that the existing workload has exceeded for 38% in comparing to the optimal standard.

- i. Thus, it is suggested to increase the service provision by 23 additional IFSCs in the territory, or 345 additional frontline social workers. The increment could be taken place by phase, with priority to the high-risk districts.

- ii. Supervisory manpower should be enhanced to provide adequate clinical support. It is suggested 29 additional clinical supervisors should be increased accordingly, with the ratio of 1 supervisor to 12 frontline workers.

1.1.2 Supportive Service for Families with Specialized Need

Undoubtedly, service integration addressing various needs of the entire family in a holistic manner should be emphasized, so as to avoid service fragmentation and delay of intervention. However, it should not necessarily imply doing all the work under the same roof. Instead, IFSCs should play the role as “community clinic”, the first contact point for needy families, to whom early intervention should be rendered. In addition, preventive and developmental work should be the focus in IFSCs in order to align with the role of strengthening family.

Therefore, other specialized services should be called for backing-up IFSCs in serving the special needs of designated target groups, for instance, cross-boundary family, ethnic minority family, and low-income family etc. A mechanism should be in place to examine new trends of specialized needs of families so that appropriate specialized services can be introduced to provide timely support to families, before the problems become uncontrollable.

Recommendation:

- i. It is suggested additional resources should be set aside for the development of various specialized service such as services for cross-boundary family, ethnic minority family, and low-income family.

1.1.3 Enhancing Family Support in Substance Abuse Treatment

According to the Central Registry of Drug Abuse (CRDA), one’s own/friends’ home has been becoming the most popular locality for taking drugs among the young drug abusers. In 2007, only 59.8% of young drug abusers reported that they took drugs at one’s own/friends’ home, while in 2009 the figure rose to 71%, which reflects the hidden nature of youth drug abuse.

It is understood that when a person takes drugs, it could bring emotional disturbance and even problematic issues to his/her family. The family members would feel frustrated and helpless in dealing with the drug abusers. Ironically, most of the drug abusers do need the support from their family to go through the drug treatment. In fact, drug treatment with family involvement has been proved to be effective in many overseas studies.

Recommendation:

- i. Since the existing service provision is mainly focused on the drug abusers themselves, it is suggested the component of family support should be enhanced with additional resources set aside.

1.2 New Initiatives

1.2.1 Support Service for Residents in Old Urban Area

There are around 15,000 private buildings which have been established for over 30 years. And it is expected the figure will rise to 22,000 in the coming 10 years. Residents in such old urban areas have to face various problems including building maintenance, building management, and redevelopment etc. Due to the lower living cost, these old urban areas are always concentrated with grassroots and deprived groups such as poor elder, ethnic minority, and new arrivals. It is also common that Incorporated Owners' Committee could not well function or even not established in these old urban areas. As a result, it is hard for the deprived residents to deal with the complicated issues such as old building maintenance or even redevelopment.

Recommendation:

- i. It is suggested to develop support service for residents in old urban areas so as to mobilize the residents, mainly elder or other deprived groups, in participating in the building maintenance and other related issues such as redevelopment.

1.2.2 Setting up of Resource Centres / Outreaching Teams to Support Ethnic Minority Parents

According to the HKCSS study on parent involvement for education advancement for ethnic minority (EM) and local parents conducted in 2009, it was found that most of the EM parents are very concerned about their children's education. However, EM parents are comparatively unfamiliar with local education system and found it's hard to get education information due to language barrier and poor support network.

Recommendation:

- i. It is suggested to establish four resource centres under the existing Education Bureau Regional Education Offices. The aims of the resource centres are to help EM parents understand HK education system by means of providing parent talks, consultation, enquiry hotline, interpretation service. Besides, website, video, handbook and leaflet could be launched in EM languages.
- ii. It is also suggested to set up EM Outreaching Teams to support EM parents in both mainstream and designated schools. The approach of networking should be adopted with the aim to building up social networks between local parents & EM parents.

1.2.3 Setting up of Family Research Fund

Empirical findings and data is essential for policy making and service planning. In meeting the challenges to Hong Kong family in the coming future, more family related researches should be conducted with well-coordinated strategic plan. Overseas experience such as

Australian Institute of Family Studies could be adopted, in which a strategic plan for family research including major research direction, scope and priority is in place to guide the research work.

Some research themes such as impact on family functioning of various forms of family, impact on family of Mainland-Hong Kong integration, and social perception towards traditional family values could be considered. Most importantly, more efforts should be put on longitudinal studies which could provide evidence for analysis of trend regarding of Hong Kong family. In addition, comprehensive databank could be established with the aim to provide secondary data for other family studies.

Recommendation:

- i. It is suggested to establish a family research fund to solicit resources from different sectors of the society. Research funding could be allocated to facilitate the family research work based on the overall strategic plan.

2. Children and Youth Service

2.1 Service Improvement

2.1.1 Increase Ordinary Place of Residential Child Care Service to Shorten the Longstanding Waiting List

Children and young people under the age of 21 who cannot be adequately cared for by their families are grounded to various reasons such as behavioral, emotional or relationship problems, or family crises arising from illness, death and desertion. These children and young people need the care and support of Residential Child Care Services.

According to the statistic of Central Referral System for Residential Child Care Services as at March 2010, there were about 679 cases wait listing for different kinds of residential child care services as well as 673 cases and 638 cases recorded in April 2009 and November 2008. The number of wait listing cases had never been shortened but increased gradually. The long waiting list of ordinary place of residential service implied these children and youth could not receive immediate service and would put them at risk.

In addition, residential services are distinct from each other but cannot be substituted by another kind of service due to their difference in service nature and limitation of the settings. There were 435 cases waiting for Boys’ and Girls’ Home 2010. Below is the statistics of waitlisted cases:

Service Year	Small Group Home	Children’s Homes (Age 6 or above)	Boys’ Homes	Girls’ Homes	Boys’ and Girls’ Hostels	Ordinary Foster Care
March 2010	394	105	246	189	50	56
April 2009	362	107	226	175	79	71
Dec 2008	326	106	161	102	73	100

Figure 1: Statistics of waitlisted cases for various residential child care services (Source: Social Welfare Department)

The existing placement could not absorb the fast growing demand. Staring from 2008, all residential units were in full capacity and the Government tried to use in-situ expansion to increase the provision but this over stretched the operating homes as they did not have enough spaces to provide sufficient service to the children in need. Therefore, some children and youth at risk were used to wait for 3 months for ordinary placements or extend their stay in emergency place.

Besides, it is observed that there are growing number of the admitted children with special needs such as special learning difficulties, hyperactive and lack of attention span. According to the data collected by our Network on Residential Child Care service in 2008-09, about one-fifth of admitted cases to children's home with special needs. There were also increased number of children with behavior and emotion problem looked for placement. Though the problem of these children became much complicated and different in nature, the staffing standard for each residential child care service unit was kept at 1989's level and had not been adjusted to accommodate the rapid change of these children's needs. The existing provision in Residential Child Care Service also lacked professional social worker input to assist these children with different special needs and problems. For example, children's home service, only 1 social worker assistant (SWA) served for a unit of 60 children.

Recommendations:

- i. **Increase ordinary place of Residential Child Care Services to shorten the long waiting list** is urgent to the children of vulnerable group as well as the Sector.
- ii. **Reduce the dependency on emergency place** as it is only one of the very short-term measures to soothe the shortage of ordinary places of Residential Child Care Service. It will risk those in urgency to get emergency places.
- iii. **Identifying new Welfare Premises** for the development of Residential Child Care Services is essential to settle the long waiting list and waiting time, and the full capacity of the existing residential units.
- iv. Platform between service operators and concerned departments for the **review of service provision and client profile** must be maintained in order to make proper planning and policy formulation.

2.1.2 Increase Additional Secondary School Social Work Manpower Force in Handling Youth Drug Abuse and Mental Health Problems

Increase of drug abuse cases

According to the Security Bureau Narcotics Division's '2008/09 Survey of Drug Use among Students', the percentage of lifetime drug-taking secondary students increased from 3.3% in 2004/05 to 4.3% (20,640 secondary students) in 2008/09. Besides, 4.3% of secondary students (66,944) indicated that "Social Workers" were 'the person who gave the greatest help to them', which was a 5.1% increment compared with the Survey in 2004/05. Students also found "Social Workers" giving more help to them in comparison with "friends" (13.9%), "schoolmates" (8.5%) and "parents" (4.7%).

Increase of children mental health cases

According to Hospital Authority, the number of outpatients registered in child and adolescent psychiatry in the past eight years, from 2001/2002 to 2008/2009, had continuously increased.

The number of patients within the age group of 6 to 12 and 13 to 19 in 2008/09 are 6,033 and 5,428 respectively. In comparison with the figures in 2001/02, 3094 for the age group of 6 to 12 and 3528 for the age group of 13 to 19, they had increased by 95% and 54% respectively in the past eight years. As some young people and their parents are reluctant to receive or refer for assessment and treatment, the actual number may be underestimated (please refer to Fig. 2).

	2001-2002	2002-2003	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009
Age 0-5	833	903	882	899	899	873	770	859
Age 6-12	3 094	3 539	3 552	3 942	4 329	4 840	5354	6033
Age 13-19	3 528	3 952	3 971	4 185	4 425	4 673	5017	5428

Figure 2: No of case of out patient clinic by age by year (Source: Hospital Authorities)

Referring to the statistical information reported by non-governmental organizations to the centralized system of Social Welfare Department in 2002/03 (21,000 cases) and 2006/07 (26,000), secondary school social workers needed to handle 5,000 more cases of students with emotional or psychological health problems than that of 2002/03 in 2006/07. The Sector also noticed that the complexity of the cases had increased. Many cases had dual diagnosis - drug abuse crossed with other mental health problems, such as early psychosis and mood disorders, or Special Educational Need (SEN) etc.

Importance of School Social Work Service

School social workers play important roles in schools in helping students and their families with drug abuse or/ and mental health problems. According the statistics collected by the Council on the Tai Po District School Drug Test Trial Scheme (SDT Scheme), the additional school social work manpower force injected into the Scheme had provided more than 3500 consultation and counseling sessions, and more than 1000 programs to students and parents. They also successfully identified and referred out near 20 drug abused case to the Counseling Centers for Psychotropic Substances Abusers within that seven months trial period. Those twenty-three schools that participated in the SDT Scheme all claimed that school social work not only facilitating smooth operation of the Scheme, but also identified and engaged high-risk students effectively. The majority of the participating schools’ principals and teachers highly recommended that the government should continue providing additional school social work manpower force to support the students and parents in needs.

Recommendations:

- i. The Policy of “One School Social Worker for each Secondary School” has been launched for about 10 years and is proven to be a non-stigmatized, comprehensive and

professional service for secondary school students, parents and teachers. With regard to the increasing number of children and youth with drug abuse and mental health problems, *increase of school social work manpower force in high risk schools is recommended to strengthen the professional and all-round support to the students.* The increase of additional school social worker manpower force in each school could provide more in-depth, comprehensive and tailor-made early detection and intervention to students with drug abuse and/or mental health problems. The extra school social work manpower force could help to link up students to specialized services for assessment, and treatment. The school social worker could assist in helping the student to adapt or return to the school system and following up the students' progress.

2.2 New Initiatives

2.2.1 Develop Pilot Project on Cyber Youth Work

The Internet has become a mainstream media and critical infrastructure in everyday life. According to the Office of the Telecommunications Authority, the estimated number of registered broadband internet access customer account was around 2 million in Hong Kong by November 2009, representing a nearly 60% increase in the six years time as compared to 1.2 million in 2003¹. Application of the Internet has the potential to change and improve our quality of life dramatically, including bringing new opportunities in education, employment and socio-economic development. On the other hand, it also brings new problems. Study on Internet Use of Adolescents² revealed that there were 15.4% and 47.9% of youth online over 4-hours during school days and holidays respectively. 15.5% of teenagers admitted that they were internet addicted and over 70% of parents had conflicts with their children on internet issues. Besides, a lot of new social issues are uncovered, like cyber bullying, compensated dating, cyber gambling, cyber sex and pornography and suicide forum etc. These all raise the concern on internet safety and related problems for our next generation.

New model of youth work should be developed. The model should include remedial, preventive and developmental intervention. It adopts an interactive and proactive approach in scouting and reaching out young people with specific cyber related problems. New skill set would be developed to engage and track those young people with internet related concerns. A cloud counseling and case management system should be put in place that allows social workers share and handle case without any geographical constraints. Integrated approach on actively engaging youth in the net, joining with social resources provision and alignment of

¹ Social Welfare Advisory Committee (2010). *Consultation Paper on Long-term Social Welfare Planning in Hong Kong*. Hong Kong: Social Welfare Advisory Committee. p.9

² Hong Kong Family Welfare Society (2004). *Study on internet use for adolescents*. Hong Kong: HKFWS.

existing youth service can be considered as a holistic working approach for cyber youth work. Effort of individual agency is easily diluted in the face of the huge and diverse problems in the internet world. Coordinated effort of different agencies with division of responsibility can be best utilizing limited resource to deal with various problems in net generation effectively.

Technical support for searching target client is crucial for the development of cyber youth service. The Sector would like to cooperate and to gain support from I.T sector. However, the cost for developing suitable software individually can be high and the sustainability of single software will be low as the technological change is faster than we expected. Centralized technological development and maintenance platform is therefore encouraged.

From the past experience, individual agency pilot experience could not be effective scaling up and shared. A centralized platform practice wisdom sharing platform can facilitate mutual learning among the Sector. Systematic knowledge management and evidence based practice study can consolidate the experiences and proof effectiveness of the pilots.

Recommendation:

i. Develop Pilot Projects on Cyber Youth Work

Pilot projects on one or more thematic issue or problem related to internet should be developed. Each coordinated team should be responsible for reaching out service to youth on that particular thematic issue or problem. The Government should put resource to develop the infrastructure, central platform and service deliveries of the pilots.

ii. Establish Central Platform for the Development of Cyber Youth Work

In order to develop effective service provision models and consolidate practice wisdom for the Sector, centralized platform in knowledge management and evidence based measure is crucial for consolidating knowledge and skill, and providing evidence of effective practice of the service. Besides, central support on information technology (IT), technical training and liaison with IT sector can save up resource and facilitate the development of new software and provision of technical support to frontline practitioners to work effectively and efficiently.

2.2.2 Set up a Pilot Pre-primary School Counseling Service to Support Students, Teachers and Parents at-risk

According to the HKCSS's Social Development Index population specific sub-index on children, the score in 2008 was -294, which was 18% worse than the previous finding in 2006 (-249). It also revealed that the mortality per hundred thousand population for children under aged 0-4 had increased from 2006's 72.30 to 2008's 77.45 (HKCSS, 2010)³. Together with the

³ Hong Kong Council of Social Service (2010). *Social Development Index*. Hong Kong: HKCSS.

findings of the survey of 'Hidden Family at Risk in Kindergarten' conducted by the HKCSS and Council of Non-Profit Making Organizations for Pre-primary Education in December, 2007 and Jan. 2008, among the 10,247 children from 100 kindergartens and child care centres, 1,875 children and families (18%) had at least one high risk problem in the past 6 months. 567 children (5.5%) suffered from learning difficulties, while 675 families (6.6%) had parenting difficulties, and 323 parents (3.2%) had mental illness. All these show our children are at risk even in their pre-primary stage.

Comprehensive Child Development Service (CCDS) has been developed to provide comprehensive assessment and support to mothers and babies but it has its limitations. The consultation times are minimal, the worker-client communications are not deep enough, the referral procedures are complicated, professional communication and collaboration between pre-primary school teachers and nurses of the Maternal and Child Health Centre are weak, early identification and intervention for those hidden families at-risk are difficult.

The need to protect the well being of young children has aroused the attention of multi-disciplinary professional collaboration. The introduction of trial stationing counseling service by various NGOs in nearly 50 pre-primary schools in the past 4 years proved that the service could provide effective support to the children and families at risk, ensure the life-long healthy development of children and prevent the problem from deterioration. It indeed is the most economical way to prevent from paying huge social cost to remedy in future.

Recommendation:

- i. ***A comprehensive, one-stop and professional pilot counseling service in 300 full-day pre-primary schools, including counseling, consultation and programs to students, parents and teachers, is a highly recommended solution.*** With the yearly cost around \$64 million, 300 full-time pre-primary schools' students, parents and teachers could receive early identification and intervention. The Government could start up pilots in priorities areas where there are accumulation of cross border, low income and new arrivals families.

3. Elderly Services

3.1 Service Improvement

3.1.1 Community Support Service

In last year policy address, the Government had clearly stated the policy directives for older people highly valued on “ageing in the community as a core, institutional care as back-up”. This is an important pronouncement which set the welfare priority for both the Department and the Service Sector on how to provide tailor-made home care services for the elderly.

At present, the 59 government funded Day Care Centres (DCC)/ Units for the Elderly provides 2,314 day care places serving over 3,200 elders, including part-time users. It is expected that an additional 135 places will be in operation in the coming 2011-2012. Apart from centre-based services, the Home-based Enhanced Home and Community Care Service and Integrated Home Care Services for frail elders currently provide 4,699 service quotas in total. Further, about 17,000 non-frail elders are using the Integrated Home Care Services for personal care, household cleaning and meal delivery etc. The existing capacity of NGOs in serving these elders has been saturated but the demand is growing. Yet, there is no plan to enhance the capacity of NGOs in service these elders. According to the reported data, as at the end of May 2010, there are about 1,100 elders wait-listing for day care service. The average waiting time is about 6.6 months. Over 8% of the day care users were assessed to be severely impaired under the standardized care need assessment. Nearly 40% of the users were diagnosed of dementia. In this regard, some aspects of service improvement are identified.

Recommendations:

- i. Ensuring sufficient service quota of Day Care Centre and Integrated Home Care Service, especially for the most moderately impaired and with special need, be provided. Setting up new service centre/team or having in-situ expansion can either be considered. The waiting time of different community support service should be reviewed by district level and it should be shortened.
- ii. Proposing the Government to conduct service review and remove those unfriendly measures. Selected areas include the effectiveness of respite service and schedule of accommodation (SoA), service infrastructure, manpower planning of Day Care Centre for the Elderly should be examined.
- iii. Increasing additional counselling worker and program worker in District Elderly Community Centre and Neighborhood Elderly Centre to support both elders and caregivers in stress to aging in place.

3.1.2 Residential Service

The current acute shortfall of Nursing Home (NH) places has resulted in long waiting time for such services. As at end of June 2010, a total of 6,392 elders were waiting for NH places. The average waiting time is 36 months. Another issue is about the sufficiency of care supplement, in 2009-2010, the number of demented elders residing in the Residential Care Homes for the Elderly (RCHEs) receiving Dementia Supplement is 3,962 that amounted to \$42.5M. However, the Sector reported in March 2009, the percentage between the number of eligible case and the approved case, (i.e. the percentage of support level) is varied among NGOs. Many NGOs are under-subsidized.

Recommendations:

- i. To increase the supply of residential care places, the government should keep on identifying suitable sites for the establishment of new NH, or to facilitate the NGOs operating RCHEs in stand-alone premises apply for redeveloping or extending the concerned premises to increase the number of residential care places by building additional storey.
- ii. To extend the exploration of setting up Nursing Care Unit (NU) in the 32 subsidized purpose-built C&A. that provide continuum of care up to nursing level, so that elders can continue to stay in a familiar environment when their health deteriorates to a level that require nursing care.
- iii. To increase the relevant sum of care supplement and standardized the allocation practice. We strongly suggest that the allocation exercise should be conducted transparently and put into a standardized practice. The calculation should be consistence and should be according to the actual number of concerned residents at residential home.

3.2 New Initiatives

3.2.1 New Services

According to the study conducted jointly by the Department of Health (DH) and the Department of Psychiatry of the Chinese University of Hong Kong in 2006, around 9.3% of elders aged 70 or above living in the community suffered from dementia. It is about one in three (32%) community-dwelling people aged 85 or above in Hong Kong had dementia. Based on the elderly population (aged 70 or above) of about 678,000 in mid-2009, it is estimated that there are 63,000 demented elders living in the community at present.

The CADENZA study projects that the number of people aged 60 and above with dementia will more than double from 0.11 million in 2010 to 0.28 million in 2036. Another community

project called ACTIVE MIND Programme, which is launched by The Hong Kong Council of Social Service since September 2007, showed that among 9,846 elders completed MMSE assessment, 1,568 elders (16%) of them was identified with dementia symptom at the first time. There are 3,818 elders (39%) suffered from MCI symptom. In view of these strong evidences, it is important to get prepared for the increased cognitive impaired cases in the coming years, a joint effort to redesigned health and social model of care should be considered.

Recommendations:

- i. To formulate long-term care plan for the Elderly and exploring feasible financing models for the service.
- ii. To re-design a multidisciplinary approach of health care and social service resources to develop models of care.
- iii. To launch awareness campaigns, activities and to improve public knowledge of mild cognitive impairment and increase timely training and to reduce stigma of dementia.
- iv. To set up a day training and therapeutic centre for older people with cognitive impairment.
- v. To redesign a multidisciplinary approaches of health care and social service resources to develop models of care.
- vi. To make dementia a health priority, providing a focus for monitoring, reporting on and developing strategies to improve health outcomes for elders with dementia

4. Rehabilitation Services

4.1 Service Improvement

4.1.1 Long-term Development Plan on Subvented Residential Service

Over 6,700 people with disabilities are currently on the waitlist of various subvented residential service. The range of queuing time is from 6 to 8 years. At present, there is no long-term development plan on the provision of subvented residential service in each and coming years. It is therefore suggested formulate a strategic plan targeted to shorten or even clear the queue within a reasonable timeframe.

It is understood that the Government will purchase residential service from private homes through the Bought Place Scheme (BPS). However, at present, only six private homes have been registered under the Voluntary Registration Scheme launched by the Social Welfare Department to differentiate private homes which are supposed to have met the necessary requirements in terms of general management, fire safety, building safety and health care, and become eligible to join the BPS. Among the 400 nos. of places the six private homes provide, approximately 70% of them have been occupied, leaving only around 120 nos. of places are actually available for the BPS. With the unknown effectiveness of the BPS and the limited places can be purchased in reality, the long queue for subvented residential service will remain in near years.

Having considered the above, it is suggested the Government should extend the BPS to the existing 20 self-financed residential homes run by NGOs. The arrangement will, not only increase the number of available places for shortening the long queue, but also ensure the quality of services to be provided, making reference to the good track records of NGOs in providing subvented residential services.

Recommendations:

- i. To formulate a long-term development plan on subvented residential service for people with disabilities with a target to shorten or even clear the long queue within a reasonable timeframe.
- ii. To expand the Bought Place Scheme to self-financed residential homes run by NGOs.

4.1.2 Support for Self-help Groups

As stated in the recently released consultation paper on Long-term Social Welfare Planning, the contribution made by various self-help groups (SHGs) are so recognized and suggested be strengthened. However, the Government provides merely a minimum financial support for some 50 SHGs on project basis in every two years, with a funding cap for each SHG at

approximately HK\$300,000. Under such insecure and unstable financial condition, these self-help groups can hardly maintain and develop their services.

Recommendations:

- i. To build up a supporting environment for the long-term development of the self-help groups by formulating a policy in providing them premises and recurrent subvention.
- ii. To provide resource support to the self-help groups for service development and enhancement.

4.1.3 Manpower Plan on Para-medical Staff

The shortage of para-medical staff, namely registered nurse, occupational therapist, physiotherapist and speech therapist, has been an acute burden of the Sector in service delivery and development for years. To solve the problem, relevant departments within the Government should better communicate and collaborate to ensure that the supply of manpower should satisfactorily meet the requirements of the labour market.

Recommendations:

- i. Led by the Labour and Welfare Bureau and with the involvement of other relevant Government bureaux and the Sector, to conduct an annual exercise in examining the manpower supply and demand of para-medical staff in current and near years.
- ii. To tailor-made training programmes for frontline staff who need to acquire skills in providing services for users with special needs.

4.2 New Initiatives

4.2.1 Ageing Problem of People with Intellectual Disability

The ageing problem of people with intellectual disability is a common concern of the Sector. Various problems in aspects of level of care, support of para-medical staff, procurement of assistive aids and size expansion of service units, have been raised. The Sector is now developing an assessment tool for checking the deterioration of people with intellectual disability caused by ageing. The Government should work with the Sector on tackling the problem and following up the findings as appropriate.

Recommendations:

- i. Relevant departments and bureau should pay attention to the ageing problem of people with intellectual disability, and plan for relevant policy and resource support for the necessary coping.
- ii. To provide support to the development of assessment tool, conducting of assessment

and analysis of findings.

- iii. To collaborate with concerned stakeholders in addressing the ageing problem, particularly in providing professional care for those in needs.
- iv. To explore and allow flexibility for alternate service mode adopted in residential homes and in community, ie, shifting the service mode from vocational to nursing care focus.

4.2.2 Financial Support on Rent and Rate for Services with No Premises be Allocated at Service Commencement

Rehabilitation services, such as District Support Centres (DSCs) and Integrated Community Centre for Mental Wellness (ICCMWs), have been facing difficulties in identifying premises for operation at their commencement of service due to various reasons including the opposing voices of community people. For the 16 nos. of DSCs, only 6 of them are with premises identified. Sharing the same problem, for the 25 nos. of ICCMWs, as well, only 6 of them are with premises identified.

Recommendations:

- i. To provide financial support on rent and rate for those services with no welfare premises can be identified at their commencement of service, so that they can rent places in commercial buildings and operate in full at soonest.

4.2.3 Service Review on Integrated Vocational Rehabilitation Service Centre

To enhance the training and employability of people with disabilities, mobile crews and simulated businesses have largely been adopted in Integrated Vocational Rehabilitation Service Centres. With other changing factors including the increased admission of AD/HD users and ageing of users, a profound review on the service is required, particularly on financial and premises support.

As a matter of fact, no service review has ever been conducted since the commencement of IVRSC. Taking references from Integrated Family Service Centres, the Sector believes that it is time to conduct a review on IVRSC looking into the effectiveness and possible improvement of the service.

Recommendations:

- i. To conduct a profound service review on Integrated Vocational Rehabilitation Service Centre and make modifications in service mode and funding support where necessary.

5. Low Income Households

5.1 Service Improvement

5.1.1 Integrating Different Employment Assistance Programmes for CSSA recipients and placing the programme in recurrent funding

At the moment, there are mainly three employment assistance programmes: the Integrated Employment Assistance Scheme (IEAS) for CSSA clients with working ability, the third phase of New Dawn (ND) for single parents and child carers with youngest children aged 12-14 and the My STEP III for the unemployed youth. In the past 2 years, under the poor economic condition, the number of CSSA cases referred for IEAS far exceeded the operating organizations' capacity while at the same time, there was inadequate number of referrals for the Enhanced New Dawn project (the then ND programme). There was then a recommendation to integrate the different employment assistance programmes so that there can be more flexibility in the use of resources. Of course, the needs of different target groups have to be addressed and met in the programme.

All three existing programmes will end by September 2011, it will then be time for integrating all the employment assistance programmes. Meanwhile, the employment assistance programme had been started since 2001. The programme was started with special job assistance project, then later with Intensive Employment Assistance Programme, District Employment Assistance Trial project and New Dawn etc. However, all these programmes were individual projects and agencies had to bid them one by one.

With large number of CSSA cases and with increasing number of clients with working ability on CSSA, the need to make the employment assistance service a regular one is evident. It is believed that the continuity in funding support will enhance the service development e.g. it would help to retain the experienced staff and agencies will be able to offer continuous service to the needy clients. It is therefore recommended that the employment assistance service be placed in recurrent funding.

Recommendations

- i. To integrate the existing 3 employment assistance programmes when they come to end of service by September 2011, so as to allow more flexibility in the use of resources. The needs of the different target groups to be served namely, the youth, the low-income and unemployed adult and the single parents should be fully addressed in the programme.
- ii. To put the employment assistance programme under regular funding so that the service could be offered continuously to the needy ones. This would also help retain

experienced workers and contributory to the professionalization of the service.

5.1.2 Facilitating internet learning

In the Budget Speech 2010-11, the government has announced that a subsidy of \$1300 for internet access charges will be given in the 2010 school year to each family receiving CSSA with children studying in primary or secondary schools. Whether the subsidy will continue after the 2010 school year and how much will the sum be are still unknown. We are of the view that government should facilitate school age children on CSSA to use internet.

Recommendation

- i. We recommend that the item of facilitating internet learning be placed in CSSA payment starting from the 2011 school year. As for the level of support, it is believed that the experience of the collaboration of the non-profit making organization (as stated in the Budget Speech) with private service providers and community organizations to provide economical internet services and computer hardware to low income families will reveal an appropriate level of cost for reference.

5.1.3 Improving the Rent Allowance in CSSA Scheme

The existing maximum levels of rent allowance (MRA) is adjusted in accordance with the movement of the Consumer Price Index (A) (CPI(A)) rent index for private housing. However, it is found that the MRA is inadequate to cover the actual rental expense of many of those CSSA recipients living in private housing. The situation is deteriorating in recent years. The following table shows the situation.

No. of eligible members in the household	March 2008			March 2009			February 2010		
	Actual rent lower or equal to MRA	Actual rent higher than MRA	Total	Actual rent lower or equal to MRA	Actual rent higher than MRA	Total	Actual rent lower or equal to MRA	Actual rent higher than MRA	Total
1	8,800 (39.7%)	13,381 (60.3%)	22,181	8,082 (37.1%)	13,731 (62.9%)	21,813	7,720 (35.5%)	14,015 (64.5%)	21,735
2	6,753 (60.3%)	4,448 (39.7%)	11,201	5,990 (56.8%)	4,552 (43.2%)	10,542	5,800 (55.4%)	4,677 (44.6%)	10,477
3	3,884 (58.2%)	2,786 (41.8%)	6,670	3,372 (55.4%)	2,719 (44.6%)	6,091	3,263 (53.7%)	2,813 (46.3%)	6,076
4	1,530 (56.6%)	1,171 (43.4%)	2,701	1,300 (52%)	1,202 (48%)	2,502	1,316 (51.3%)	1,247 (48.7%)	2,563
5	414 (51.6%)	389 (48.4%)	803	354 (46.3%)	411 (53.7%)	765	328 (42.8%)	439 (57.2%)	767
6 or above	223 (64.1%)	125 (35.9%)	348	202 (57.1%)	152 (42.9%)	354	191 (52.9%)	170 (47.1%)	361
Total	21,604 (49.2%)	22,300 (50.8%)	43,904	19,300 (45.9%)	22,767 (54.1%)	42,067	18,618 (44.4%)	23,361 (55.6%)	41,979

Figure 3: Maximum level of rent allowance (MRA)

This means that many of those affected have to make use of standard rate to cover the rental expense.

Recommendations

- i. As an immediate measure, it is suggested that the maximum rent allowance for those CSSA recipients living in private housing be increased, so as to help them meet the rental expense. The MRA for singletons should especially be adjusted to reflect the actual situation.
- ii. Government should resume the grant for rent deposit which was cut in 1999, so that the needy ones could be assisted.
- iii. At the same time, the mechanism for adjusting the MRA should be reviewed. The recommendation worked out in government's 1996 Review of Comprehensive Social Security Assistance Scheme should be referred i.e. the MRA by household size be adjusted to reflect the actual rent paid by the 90th percentile of the CSSA rent paying households in private housing.

CONCLUSION

This year, the Council continues working closely with the Government and non-government organizations in the formulation of the 2011-12 welfare priorities and agenda.

An established consultation mechanism has been worked out which includes consultations and discussions among NGOs, a work meeting with Social Welfare Department and subsequent meetings and exchange with respective bureaux, departments or subject chiefs. We are glad all participants, including the government officials and NGOs, are genuine and outspoken in the exchange of their views in this welfare priorities and agenda setting exercise. We hope harmonious government-sector collaboration will be maintained in the forth coming years.

This submission is a collective effort of the welfare sector. We hope the Bureau will respond positively to our concerns and put forward our recommendations in government plans and actions in the coming year.