Proposal for Welfare Priorities and Agenda for 2010-11

A submission to the Labour and Welfare Bureau

EMBRACING CHALLENGE ENRICHING LIFE

The Hong Kong Council of Social Service

JULY 2009

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1. Stronger support and better protection are needed for the most vulnerable elder:-
   i. To explore the possibility to convert in phases these purpose-built Care & Attention homes (C&A) into Homes that provide continuum of care up to nursing level, so that elders with deteriorate condition, without need to wait for subsidized Nursing Home (NH) anew.

ii. The respective sum of Infirmary Care Supplement (ICS) and Dementia Supplement (DS) should be increased. The principle to grant the supplements should be calculated according to the number of residents concerned.

To continue to identify suitable sites for the establishment of new Nursing Home.

iii. To support elders who are waiting for NH places, to age at home, and to provide them with additional service hours of direct community care services.

2. To support elders to age in the community:

i. The applicant and caregiver should be provided with up-to-date information on waiting time for different community support services.

ii. Shorten the service waiting time by ensuring sufficient service quota of day care centre (DCC) and home based integrated home care services, especially for the most moderately impaired and with special need.

iii. With increase of frailty rate in Day Care Centre for the Elderly, the Schedule of Accommodation service infrastructure and manpower planning should be improved.

Rehabilitation

1. To formulate a long-term plan on the provisions of subvented residential places;
2. To support the development of self-financed hostels and introduce the Bought Place Scheme for private homes;
3. To explore suitable service modes for ageing people with mental handicap;
4. To enhance professional support services for autistic adults;
5. To review the schedule of accommodation and resources provision for staffing support in Special Child Care Centre (SCCC) and Early Education and Training Centre (EETC);
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Children and Youth

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   iii. Resume Action S4 project
   iv. Expand Youth Pre-employment Training Programme (YPTP) and Youth Work Experience and Training Scheme (YWETS) to tailor-made for non-engaged youth
   v. Injection of capital around 50 million again in existing "Youth Sustainable Development and Engagement Fund, (YSDEF)"
   vi. Subsidized students for the selection of alternative recognized training course
   vii. Extend transportation subsidies to all students under age 18 who studied in recognized training institutions or organization

2. Comprehensive support for the mental health of children and adolescents
   i. Building cross-disciplinary, non- stigmatized, accessible, early identification focused and well aligned youth mental health community support service team (included Doctors, Nurses, Social Workers and Clinical Psychologists) in 5 districts.
   ii. Such team supports the proposed increase of drug test and mental health assessment service in Student Health Service
   iii. Increase cross–disciplinary human resource for the existing Child & Adolescent Mental Health Community Support Project developed by the Social Welfare Department and the Hospital Authority.

3. Set up a Stationing Counseling Service in Full-day Pre-primary schools, to support the students, teachers and parents in need

Rehabilitation
1. To develop district-based community support centre for the mentally ill (MI) by the integration of existing community support services for MI; 2. To establish district-based centres for people suffering from mood disorders as well as promoting public's awareness to mood disorders; 3. To establish a minimum wage assessment mechanism for people with disabilities; 4. To introduce tax exemption for private companies as incentives of employing people with disabilities; 5. To facilitate the introduction of wheelchair accessible taxies; 6. To conduct accessibility inspections in 18 districts; 7. To develop realistic strategies to extend the concessionary fare for PWDs to other public transport services such as bus services;

PREAMBLE

In this year, Hong Kong society had under the threat of global financial tsunami. At the time of preparation of this submission, the unemployment rate in Hong Kong reached to 5.3 per cent , the highest since our recovery from the SARS outbreak in 2003.

Our family solidarity under the social development index 2008 recorded five consecutive times negative decline and reached to its record lowest (– 535) in 2006. Family violent cases (211.9 in 100 thousand) was double in number to that of two years before (105.7 in 100 thousand). Nearly ten thousand students spent more than 2 hours per day in a single trip traveling across the border to attend schools in Hong Kong.

Our young people were no better. The children condition under the social development index 2008 also recorded five consecutive times negative decline and marked at -235 in 2006. Youth unemployment rate, crime rate and drug abuse rate had progressively increment. There is an increase of young people with mental health problem. However, our services were all left behind. Young people in need of residential service have to wait for more than three months before they got a safe accommodation. 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. Young people indulged in drug abuse problem had to wait for more than nine month before they could receive proper treatment and counseling service.

Shortage of residential care service for old or disabled people was a longstanding problem. Our old people in need of nursing care had to wait for close to forty-one months before they received proper care. For those severely handicapped people, they needed to wait for nearly twelve years before they had in a subsidized placement run by NGOs.

The mental health of the public reached to an alarming condition with growing number of people with affective and neurotic problem, as well as increased number of mental health cases with suicidal ideation and violent tendency. Such conditions call for the urgent improvement in our mental health support delivery system.

In view of present economic turmoil and hardship, apart from measures to boost up

our economy, it is also important for the Government to take quick response to prevent our citizens' livelihood from further deterioration and provide them with substantial services to strengthen their resilience to fight against the adversities.

Welfare Priorities and Agenda 2010-11

1. Family and Community Services

1.1 Service Improvement

1.1.1 Enhancement in Provision of Counselling Service for Drug Abusers

In recent years, a significant rise in the number of young people abusing psychotropic substances has emerged in Hong Kong. In 2008, there are over 3400 reported abusers aged under 21, representing an increase of 33% in three years.

Counselling Centres for Psychotropic Substance Abuser (CCPSAs) are cluster-based, designated units providing preventive education services and community-based treatment and rehabilitation support to psychotropic substance abusers. Despite of the two additional CCPSAs as recommended by the Task Force lead by Secretary for Justice, the upsurge of service demands still has not been catered. It can be foreseen that the demand will keep on rising along with the implementation of drug testing as a means of early identification.

Recommendations:

i. Provision of extra resources in enhancing the professional manpower in Counselling Centre for Psychotropic Substance Abuser, to cater for the upsurge of service demands

ii. Expediting the premises allocation for the counselling centres so that the services could be delivered in stable and accessible location.

iii. Increasing the service flexibility and providing resources for multi-disciplinary collaboration and purchasing medical support.

1.1.2 Improvement in Provision of Integrated Family Service Centres

Integrated Family Service Centres (IFSCs), as a new service delivery model have been implemented since 2005. The purpose of IFSCs is to meet the multifarious needs of individuals and families in the community, through a continuum of integrated services comprised of preventive, empowerment, supportive and remedial functions.

However, as reflected by the service statistics (2005-2008) of the 21 NGO IFSCs, 75% workload has been put on casework. Obviously, resources at IFSCs now largely go to remedial and casework services, manpower and resources should be strengthened on preventive, development and community education services.

Recommendation:

i. It is suggested all housing assistance cases should be intake by specialized teams under the same administration. After addressing the housing needs, cases with other welfare needs could be referral to IFSC for follow-up.

ii. Specialized supportive services should be strengthened in order to backup IFSCs in handling with specialized target groups, such as domestic violence cases, mentally-ill, single parents, new migrants, ethnic minorities and unemployed persons, etc.

iii. Adequate resources should be earmarked for adopting the recommendations made in the IFSC review.

1.2 New Initiatives

1.2.1 Provision of Family Support Programme for cross-border families

Along with increasing flow of economic and social activities between Hong Kong and the Mainland, cross border marriage has been the trend of contemporary Hong Kong families. In past two decades, the number of cross border marriage has increased for almost 60%. In 2007, there was over 18,000 cross border marriage which constitutes 38.7% of the total number of marriages in Hong Kong. Mothers of 40% of the newborn in HK were from Mainland in last year. Now, there are 6200 pupils on cross border schooling (Shenzhen – HK) daily, 90% of them are studying at North District (EDB, 2008).

According to the HKCSS's study on cross border family (2008), over 30% of respondents rarely receive support from relatives or neighbors in face of difficulties. And 45% of respondents rarely or never seek help from others. Sooner or later, these families will reside in HK for family reunion and bring up of children. And it is common that their adaption problem will be hidden, and likely eventually evolve to serious family problem such as divorce, poverty and even domestic violence.

Recommendation:

i. In order to provide early support to the students and families, prepare them to integrate, participate in the labor force in HK and prevent social or family problems arising from the adjustment difficulties, we suggest providing a Family Support Programme for cross border living families at North district. It aims at contacting the targeted families through service for cross border schooling pupils. Thus, the service team is to work closely with kindergartens and primary schools with a critical mass of cross border pupils so as to reach these families. The teams of cross border family workers, apart from early family education, parent support service, are also to provide more in-depth service for families with special needs and to network employment training for the parents.

1.2.2 Provision of Neighourhood Service Team at Public Housing Estate

In recent years, there are a number of alarming family tragedies, which reflect weakening neighborhood support. We believe, early and timely support and intervention for families in stress is essential to prevent family relationship from deteriorating, which leading to family tragedies such as domestic violence.

Recommendation:

i. It is suggested that Neighourhood Service Team at targeted Public Housing Estates should be developed, without limiting to new estates, to enhance neighborhood mutual communication and build up support network for strengthening family and community resilience.

   The service scope of these Teams includes:

   - To reach out and work with the target groups in forming informal support network in the locality;
   - To mobilize and network community resources in enhancing members' self help and mutual help capabilities; and
   - To work closely with integrated family service centres in early identification and intervention for families at-risk

Estates with high concentration of low-income households, CSSA recipients, families on compassionate re-housing and conditional tenancy scheme; and with high concentration of elderly, new arrivals and ethnic minorities; are suggested being of high priority in providing the neighbourhood service. Such communities include Tung Chung, Tseung Kwan O, Kwun Tong, Kwai Tsing, etc.

2. Children and Youth Service

2.1 Service Improvements

2.1.1 Increase Ordinary place of Residential Child care service to shorten the longstanding waiting list

Residential child care services are provided for children and young persons under the age of 21 who cannot be adequately cared for by their families because of various reasons such as behavioral, emotional or relationship problems, or family crises arising from illness, death and desertion. They all have different pressing needs, therefore, request instant and particular service. However, long waiting list of ordinary place of residential service puts the children and youth at risk.

According to the statistic of Central Referral System for Residential Child care Services as at April 2009, there were about 709 cases wait listing for different kinds of residential child care services as well as 638 cases and 518 cases recorded in November 2008 and December 2007 respectively. Comparing with 2007, the wait listing cases increased 37% and it represented a progressive demand of residential child care placement annually.

In addition, residential services are mutually supplementary but cannot substitute each other due to their uniqueness in service nature and settings as well as limitations. For example, Small Group Homes (SGH) have been being the service with highest number of referrals, with over 300 wait listing cases, which indicated it as the first choice of placement for the past few consecutive years. Also, over 100 cases looking for children's home faced the full capacity of the residential units from 2007 onward. Moreover, the difficulties to recruit foster parents to join the foster care service affected the availability of foster care home pool and further worsen the situation. Besides, children in-need targeted at other residential child care services have also been suffering from long waitlists. There were 263 cases waiting for Boys and Girls Home. 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
April 2009	362	107	226	175	79	71
Dec 2008	326	106	161	102	73	100
Dec 2007	298	87	189	119	65	42

Apart from the long standing waiting list for residential child care placements, the existing placement also could not catch up the fast growing demand. Starting from 2007, all residential units were fully occupied and the the subsequent in-situ expansion exercises have over stretched their capacity for further development. Therefore, some children and youth at risk had to wait for 3 months for ordinary placements or extend their stay in emergency place.

***Recommendation*s:**

i. **Increase ordinary place of residential services to shorten the long waiting list** is an urgent issue for the children of vulnerable group as well as the sector.

ii. **Review and Increase the Incentive payment for Foster Families** to motivate people joining the service in order to expand the home pool.

iii. **Reduce the dependency on emergency place** as it is only the very short-term measures to soothe the shortage in ordinary place of residential service. It is risky to treat it as a way out.

iv. **Identifying new Welfare Premises** for providing residential childcare services is essential in releasing the crowdiness and shortage of the residential units.

v. Platform between service operators and concerned departments for **regular review of service provision and client profile** must be maintained in order to make proper planning and policy formulation.

2.1.2 Shorten the waiting time of assessment, diagnosis of students with Special Educational Needs, to ensure the early identification and intervention

In the past 10 years, primary and secondary school students with Special Educational Needs (SEN) increased substantially in Hong Kong. From the data of Education Bureau (EDB), in 2008/09, there are 22, 494 Primary and Secondary School students receiving the Intensive Remedial Teaching Program and New Funding Mode Subsidy, which is 24% (4, 291 students) increased when compare with the 2006/07. The increased workload has posed pressure to the service delivery. Many students have to wait for 9 to 12 months before received SEN assessment and diagnosis. Besides, the existing hundred Education Psychologists are not able to meet the huge increasing need of the SEN (2008 Report, the Office of the Ombudsman).

Recommendations:

i. In order to meet the emergent needs of the SEN students, the waiting time for assessment, and diagnosis of SEN students should be shortened from 9-12 months to 3-6 months, and the first time training and service should be provided to the students within 1 school year.

ii. Increasing the numbers of Education Psychologist from 100 to 200 is needed to help shorten the time of assessment, diagnosis of SEN students.

iii. Public education is also important for enhancing people's awareness of the presence of children with SEN and recognizing the needs of these children and their families. Further research on the scientific and cultural aspects of the condition, as well as on effective interventions supported by evidence are critical for guiding the policy formulation and service development.

2.2 New initiatives

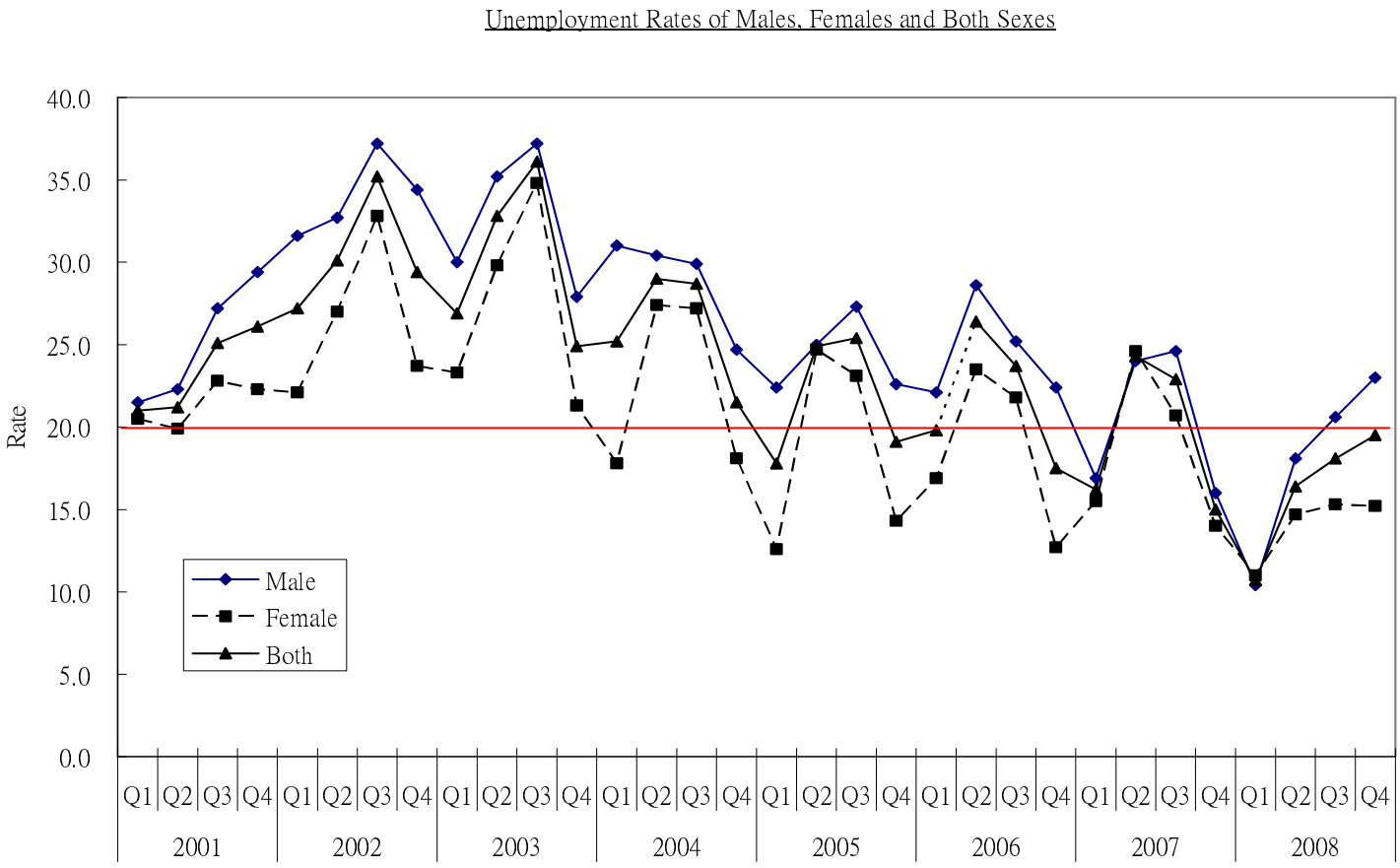
2.2.1 Handling latent effect of financial tsunami: Youth unemployment

Overall youth unemployment rate

The youth unemployment rate (for age 15-24) is expected to reach a high rate in the coming one to two years because of the financial tsunami. The impact will be similar to the period of SARS during the year of 2002 to 2003. The current unemployment situation in the youth group is the most serious among all age groups, with

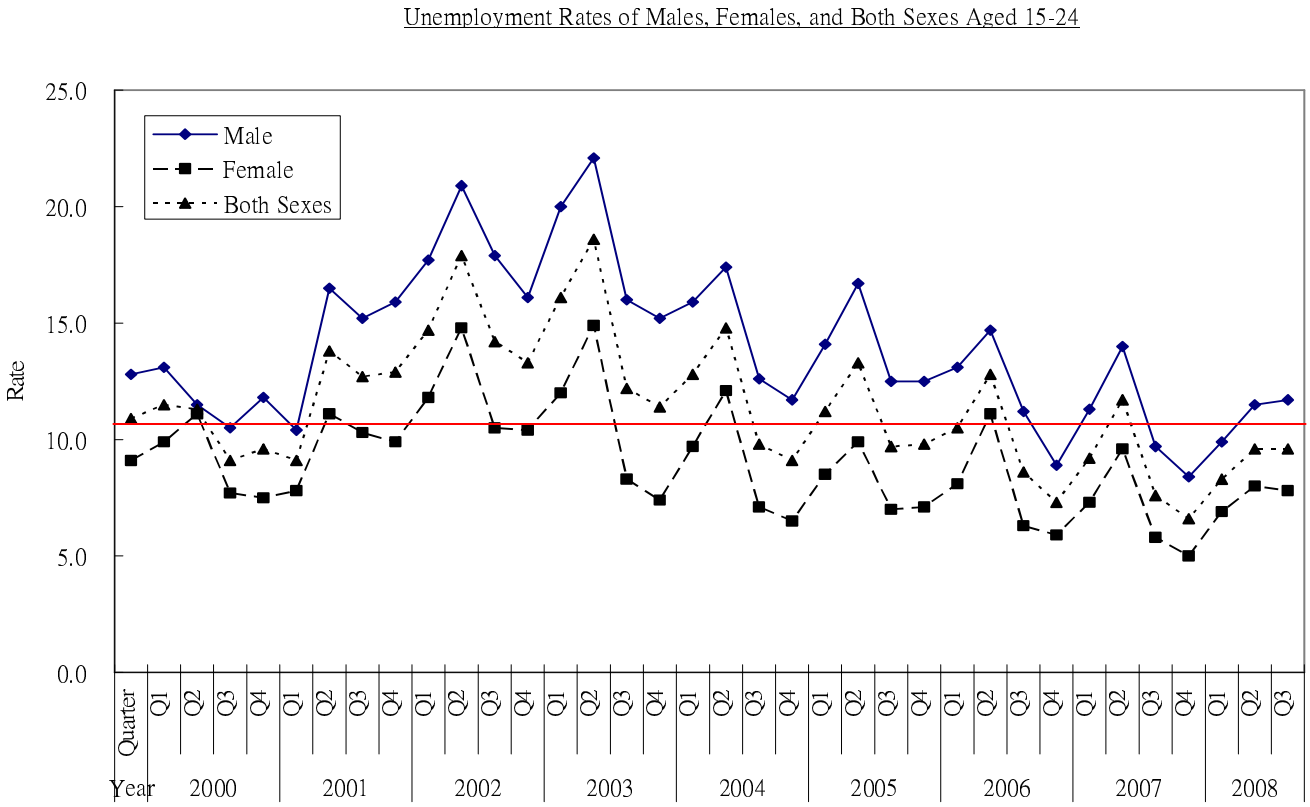
unemployment rate of age 15-24 hitting 10.5 per cent. The overall variation for youth unemployment is little in the past eight years with seasonal fluctuation on average of 20% unemployment rate for age 15-19 and average of 10% unemployment rate for age 15-24 (please refer to Fig. 1& Fig.2). It reflects that the youth unemployment problem is not only simply grounded from the unavailability of job positions but has become structural problems in the job matching and post-school adaptation of the young people.

Fig. 1: Youth unemployment rate (Age15-19) from year 2000-2008[1]



[1] Census and statistics Department (2008)

Fig. 2: Youth unemployment rate (Age15-24) from year 2000-2008[2]



Analysis of current policies and research implication

Although recent budget speech secures resource for unemployed youth, the current 35,000 training and internship places may not match if small and medium enterprises (SME) are facing difficulties in providing placements, which in turn affects the actual number of our young people benefit from those training programs. Thus, *providing resource to NGOs for* ***offering job opportunities to young people*** **is a much secure alternative. NGOs not only secure the volume of young people being employed but also provide quality supervision.** The deprived or disadvantaged group of the society would be benefited most.

Apart from the new initiation of placement for the graduated students, the bottom 10-20% of youth with potential long-term unemployment issues should be early identified and reactivated at their early stage of life span. Thus, it is ***significantly important for a group of non-engaged youth to get training and engagement***.

Besides, recent study revealed that those unemployed youth tend to be lacking

[2] Census and statistics Department (2008)

information about existing pre-employment trainings programs or without vocational focus or refuse to join any trainings or related programmes. ***How to make good use of the existing resources is becoming another important issue***.

Population of the Non-engage Youth and its significant impact

According to the General Household Survey of Census and statistics Department, the number of young people aged 15 to 24, who were unemployed and unable to pursue further studies in the first quarter of 2007, were approximately 49,000[3], which is about 5.4% of the population. You may count on the wastage of manpower if we do not have any intervention on this issue before it turns worse. We believed that making good use of human resource should keep track on matching the economic and social development of Hong Kong, thus ***better interfacing*** among various policy bureaux (Manpower, Economic development, Education, and Welfare) in planning for the vocational training for non-engaged youth is essential.

For those persistent disengaged youth, most of them are male with the characteristics of low motivation, under-achieved, lack of work experiences, having learning difficulties, ethnic minorities, physically disabled, with mental health problems or in the state of social withdrawal. ***Existing programs could only help single or certain groups, but not all the vulnerable groups***.

The Report of Task Force on Future Initiatives and Policies on Training and Employment Programmes for the Non-engaged Youth has suggested setting up a ***Government-led working group to monitor and follow up the cross-bureax issues*** as well as to form a central database containing the information of training, internship, and counseling records for effective managing and following up the service without overlapping and wastage of resources. To match with the recommendations of the task group, we would like to have the following suggestions.

Recommendations:

i. **Cross Departmental Collaboration**

For the cross departmental collaboration, We have the similar suggestion as the report of Task Force on future initiatives and policies on training and employment programmes for the non-engaged youth that a cross sector and departmental (with Social Welfare and Labour Department) working group

[3] Labour and Welfare Bureau (2008). Report of Task Force on future initiatives and policies on training and employment programmes for the non-engaged youth. Hong Kong: Hong Kong Government, pp. 10.

should be set up for monitoring the implementation of those suggestions of the report.

ii. **Expand 3,000 positions of program worker to other social service units in need.**

As Finn (1988) noted that employment policy should be aware of "the danger of raising the aspirations and expectations of young people by providing them with skills and training which they will not subsequently be able to use"[4]. Thus, under economic downturn, effective method[5] to reduce the unemployment rate and maintain job linkage and habit for youth is to create job opportunities with good guidance. We can learn from the positive experience of the creation of 3,000 program worker posts in School Social Worker Service. We suggest to extension this direct creation of short-term job opportunities for youth practice by offering 3000 more posts other social service units in need, e.g. family service, elderly service and rehabilitation services.

iii. **Resume Action S4 project**

"Action S4" is a special employment and training project under the Youth Work Experience and Training Scheme. The Project is implemented by the Labour Department and aims to enhance the employability of young people, including work experience and job skills, and brighten their employment prospects, through the provision of on-the-job training in Non-government Organizations. In the past six years, this unique project shows its effectiveness to help youth with low motivation, with behavioral and emotional problems or with much failure experiences in job seeking. However, the project had been suspended and replaced by other CIIF funded projects which are not originally designed for the captioned purpose and target groups. Thus, we highly recommend resuming the project.

iv. **Expand YPTP・YWETS to tailor-made for non-engaged youth**

The pilot project of collaborating with outreaching social work teams to develop tailor made Youth Pre-employment Training Programme (YPTP) and Youth Work Experience and Training Scheme (YWETS) for youth at risk with low

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[4] Finn (1988) "The Failure of Training in Britain: Analysis and Prescription," *Oxford Review of Economic Policy*, Vol. 4, No. 2, pp. 21-53.

[5] Niall O'Higgins (1997) *Employment and Training Paper 7：The challenge of youth unemployment,* International Labour Organization, pp. 67.

working motivation is noted as effective. This can be expanded to other types of non-engaged youth, like with specific learning difficulties, with mental health issues or ethnic minorities. We suggest that Labour Department should work with the above-related organizations and provide flexible conditions that help to design tailor-made curriculum or training program for these non-engaged youth.

v. **Injection of capital around 50 million again in existing "Youth Sustainable Development and Engagement Fund, (YSDEF)"**

The pilot YSDEF project is proven to be effective and should become a recurrent funded program and extended to other types of non-engaged youth. Injection of further 50 millions into the "Youth Sustainable Development and Engagement Fund" is recommended. Priority could be given to projects serving in deprived districts and provided one-stop service with central based assessment, diagnosis, pre-employment training, internship, case management (Individual Career Development Plan, ICDP), job mentoring, and relapse prevention and following up evaluation. Out-reach approach is encouraged to be adopted for those youths in social withdrawal, under low motivation or on self-referral basis from their parents.

vi. **Subsidized students for the selection of alternative recognized training course**

Survey revealed that youth unemployment would be higher for those younger and low qualification youths[6]. The government should concern about their continuous education and strengthen their competitiveness by supporting their acquisition of recognized qualification. With the launching of 12-year compulsive education, we suggested that we subsidize youth attaining training from recognized institution or organization in equivalent to the same level of formal education.

vii. **Extend transportation subsidies to all students under age 18 who studied in recognized training institutions or organization**

Apart from those psychological causes of low motivation, some financial factors, like affordability of transportation fee, contribute the hesitation of some non-engaged youth not applying for jobs or receiving pre-employment training. They will lose their subsidies on transportation fee if they leave formal school. Some of them may give up training and job opportunities that distant from home in view of high transportation cost. We suggest that Government should extend transportation subsidies to all young people who studied in recognized training

[6] 香港基督教服務處（2009）《金融海嘯對低學歷青年就業的影響調查》。

institutions or organizations.

2.2.2 Building cross disciplinary, non-stigmatized, accessible, early identification focused and well aligned youth mental health community support service team in five districts, as well as including the support of proposed increase of drug free test and mental health assessment service in Student Health Service

Mental health of children and adolescent, like adult, should be handled properly as it influences at every later stage of their lives. Without age specific prevention and treatment programs, children and youth mental health problems can lead to failure in school, family conflicts, drug abuse and even suicide. It would become a great burden to families, communities, the health care system and even the society.

As one of the frequently quoted statement in public health policy, Rose's Theorem stated “a large number of people at small risk may give rise to more cases of disease than a small number who are at high risk”. It highlights both political and economic point of views that early identification and intervention are the keys to reduce political risks and better use of social resources.

According to the Hospital Authority, the numbers of outpatients registered in child and adolescent psychiatry in the past six years, from 2001/2002 to 2006/2007, had continuously increased. The number of patients within the age group of 6 to 12 and 13 to 19 in 2006/07 are 4,840 and 4,673 respectively. In comparing with the figures in 2001/02, they had increased by 56% and 32 % respectively in the past six years. As some young people and their parents are reluctant to receive any assessment and treatment, the actual number may be underestimated. Besides, the waiting time for the first assessment is from 9 months to 3 years according to the expressed symptoms.

Referring to the information reported by non-governmental organizations to the statistical information system of Social Welfare Department between 2002-03 and 2006-07, reported by school social workers, there were about 21,000 to 26,000 cases of secondary school students involving emotional or psychological health problems per year. The sector also noticed that there was an increasing trend of complexity for the cases with dual diagnosis of drug abuse and other mental health problems, such as early psychosis and mood disorders and etc.
Student Health Service is under Health Department and provides non-stigmatized, voluntary, comprehensive, promotional and preventive health programmes for primary

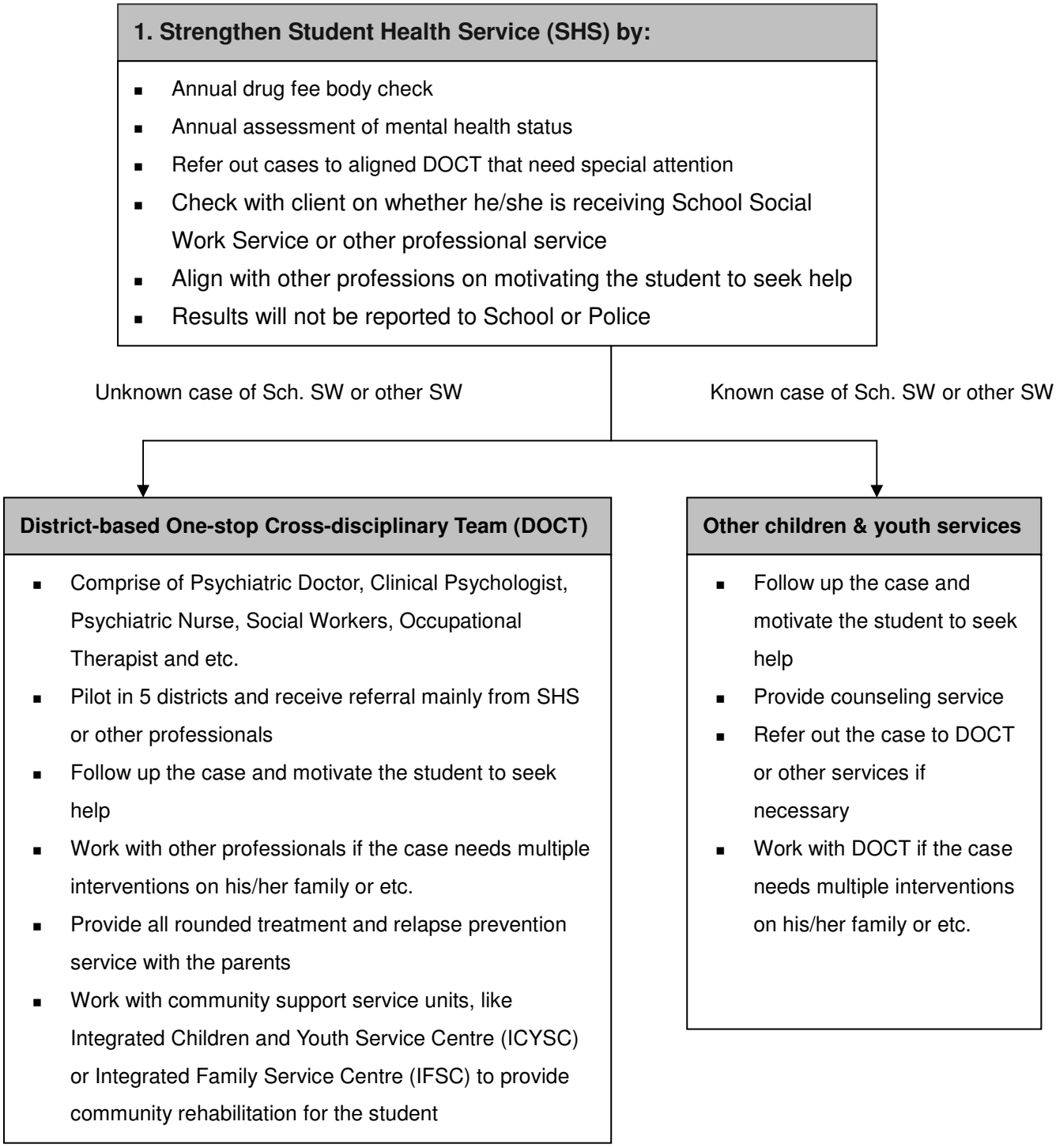
and secondary school students according to their needs at various stages of development. It aims at promoting and maintaining the physical and psychological health of students. Their Services include physical examination and health assessment, individual counselling and health education activities, referring students with problems to Special Assessment Centre or specialties for further assessment and management. It is a good platform to extend its service to provide early identification service without stigmatization, for example, drug free test and measure of mental health status.

Recommendations:

i. In respond to the increasing number of children and young people with drug abuse and mental health problems in Hong Kong, a district-based one-stop multi-disciplinary team is recommended to provide professional and all-round support to the community as a pilot project in five districts. The objective of this team is to provide comprehensive and tailor-made intervention including early detection and early intervention to assist children and youth with mental health problems and/or their family members to deal with issues arising from their special needs. This one-stop service can link up the assessment, motivating clients to receiving service, pre and post-treatment follow-up service and relapse prevention programs. (please refer to Fig. 1)

ii. The Government could consider increasing cross–disciplinary human resource for the existing Child & Adolescent Mental Health Community Support Project developed by the Social Welfare Department and the Hospital Authority to form the one-stop service team for young people with mental health problem. The team can be composed of Psychiatric Doctor, Clinical Psychologist, Psychiatric Nurse, Social Worker, Occupational Therapist and etc. The team receives referrals from Student Health Service and work with community support service units, like Integrated Children and Youth Service Centre (ICYSC) or Integrated Family Service Centre (IFSC) to provide community rehabilitation for the studens.

Fig. 1: Non-stigmatized Approach on early identification and intervention for students with drug abuse or mental health issues.



2.2.3 Set up a Stationing Counseling Service in 300 Full-day Pre-primary schools, to support the students, teachers and parents in need

According to the Survey of Hidden Family at Risk in Kindergarten conducted by HKCSS and Council of Non-Profit Making Organizations for Pre-primary Education in Dec. 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.

The Children Social Development Index were -235 in 2006, which was 46.9% worse than the previous finding in 2004, The numbers of 0-14 aged children in low-income families, cross border families, divorced families and at-risk families (e.g. child abusers, long working hour parents, alcoholics, drug addicts, pathological gamblers, depression or mental problems) increased greatly (The HKCSS, 2008). Besides, more children are exposed prematurely to violence and aggression through the mass media, web and computer game at home recently.

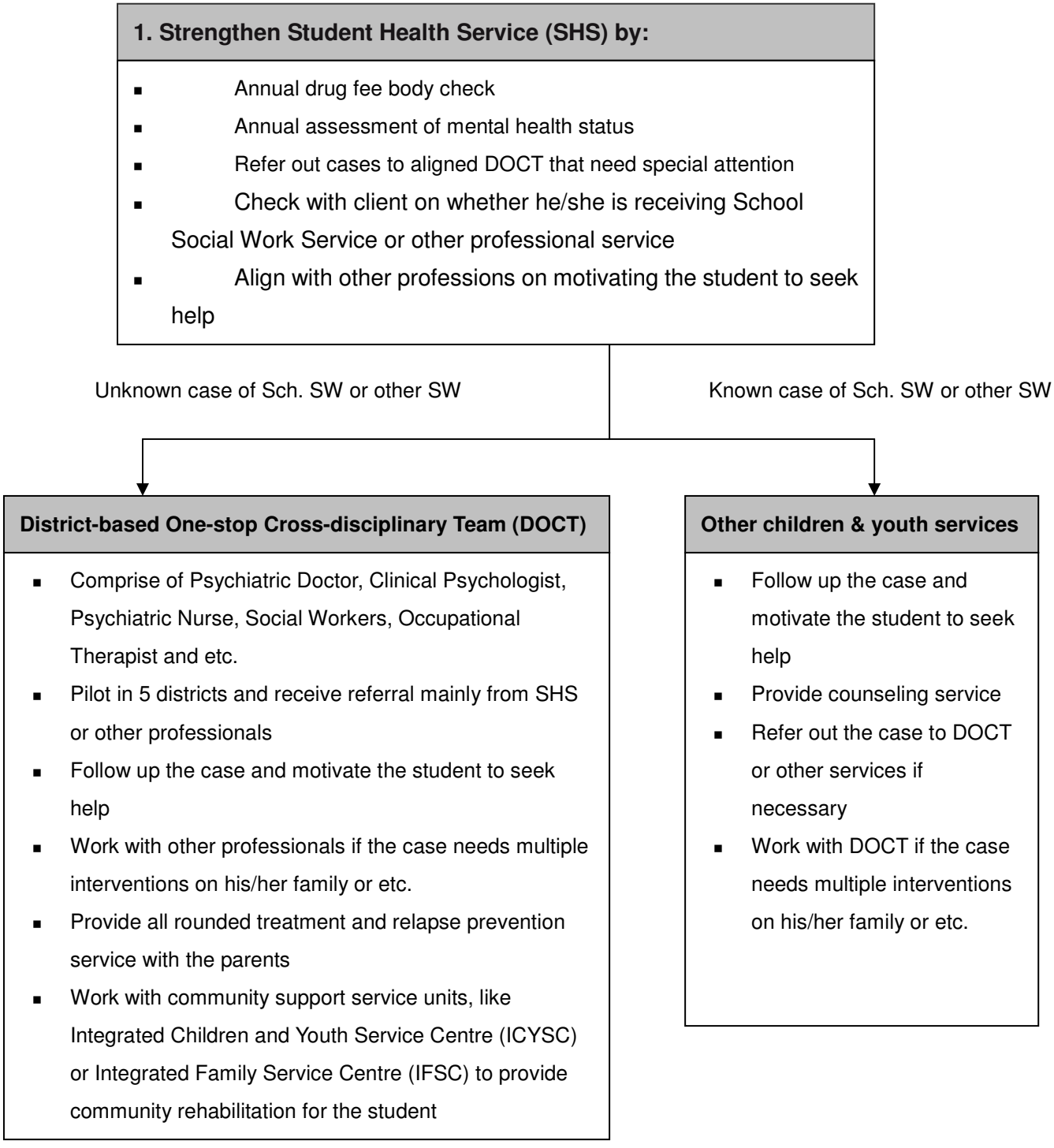
Though we have Comprehensive Child Development Service (CCDS) providing comprehensive assessment for mothers and babies, the consultation times are minimal, the worker-client communications are superficial, the referral procedures are complicated, professional communication and collaboration between pre-primary school teachers and nurses of the Maternal and Child Health Centre are weak, these all hinder the early identification and intervention for those hidden families at-risk.

Recommendations:

i. In service level, Stationing Counseling Service in 300 Full-day Pre-primary schools, which costs around $57.6 million, is highly recommended as a comprehensive, one-stop and professional service, to provide early identification and intervention for those hidden families at-risk.

ii. In executive level, an independent body responsible for coordinating and liaising with different parties in addressing the unique needs of children should be set up. To ensure all the child care services are delivered in a coordinated, efficient and effective manner, we suggest the formation of a Children Commission.

Fig. 1: Non-stigmatized Approach on early identification and intervention for students with drug abuse or mental health issues.



3 Elderly Services

The ageing population in Hong Kong increased rapidly. As at the end of 2007, there were 880,300 people aged 65 or above, equivalent to 12.6% of the total population. The life expectancy rate in Hong Kong is 79.5 and 85.6 for male and female respectively. The experience of developed economies shows that about 5% to 10% of the older population will be in need of some forms of long-term care (LTC) services. Hong Kong is facing similar situation. Although people are more health cautious and emphasize positive ageing, the demands for LTC services remain critical. In managing the situation, the Government is not the sole party be responsible, the public should also be aware of the situation and respond positively to this ageing challenge.

The policy objective of "aging in the community" is supported. To facilitate elders who have LTC needs to stay in the community; a wide range of home-based or centre-based community care services ought to be provided. For elders who have LTC needs and cannot be adequately taken care of at their living places, they look for the provision of residential care services. Though a research steered by the Elderly Commission on the long term planning for residential care service for the elderly will be completed by the end of this year and will address several key issues of elder service, such as targeted subsidy of residential care services at elders most in need, further development of quality and effective LTC services and shared responsibilities among the government, individuals, families and the society in meeting the LTC needs of the elderly, we cannot expect it answers all concerns. Some aspects of service improvements are deemed necessary to take place immediately.

3.1 Service Improvement

3.1.1 Residential Service

The current acute shortfall of nursing home (NH) places has resulted in rather long waiting time for such services. As at end of April 2009, a total of 6,259 elders were waiting for NH places. The average waiting time is 40 months. Regarding the 2,086 subsidized NH place at present, with only 686 places increased over the past 10 years. It is also noted that the Government has not yet determined a planning ratio for the provision of NH places. As at 31 March 2009, the ratio of provision of NH places per 1,000 elders aged 65 or over was 2.4[7]. This ratio is far from adequate in fulfilling the

[7] On the basis that there were 2, 086 nursing-home places and 880,300 elderly persons as at 31

urgent care needs of these vulnerable elders. Stronger support and better protection of these elders are expected.

Recommendations:

i. An adequate planning ratio for NH places should be established. With reference to the experiences of developed economies, the NH service provision should be set to at least 5% of the population of people who are aged 80 or above. That is about 11,920 NH places. The ratio of provision of NH places per 1,000 elders aged 65 or over would be 13.5.

ii. To increase the relevant sum of care supplement and standardize the allocation practice. In the Director of Audit's Report No. 38 on residential services for the elderly published in 2002, Social Welfare Department (SWD) has proclaimed that an Infirmary Care Supplement (ICS) of $5,695 a month would be paid to a nursing home for maintaining "a frail elderly person" residing there, and "who" has been assessed by a Community Geriatric Assessment team to be in need of infirmary care. So far, this practice has not been followed. Besides, in 2009-2010, the allocation of care supplement and the number of eligible residents in subsidized service is $59M/1100 residents and $30M/2730 residents for Infirmary Care Supplement and Dementia Supplement (DS) respectively. Yet, according to the sector report 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. The variation is from 67%-100% in the allocation of ICS; 23%-50% in the allocation of DS. 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. For instance, the cost of a nursing-home place for caring of an elderly person in need of infirmary service would amount to $18,285 a month ($12,590 +$5,695).

iii. To explore the possibility to set up Nursing Care Unit (NU) in the 36 subsided 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. It may take reference from the costs borne by the Government for a place at a nursing home in 2009-2010, which is $12,609 per month.

March 2009, the ratio was 2.4 [2,086 / (880,300/1,000)].

iv. 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 residential care home for the elderly in stand-alone premises applying for redevelopment or extension the concerned premises. As regards to the costs of extending or redeveloping the premises, SWD is supposed to consider providing funding through Lotteries Fund to NGOs concerned.

3.1.2 Community Support Service

Promoting "ageing in the community" is one of the underlying principles of the Government's elderly policy. Preferably, the resources are allocated to support elders with LTC needs to age at home as they wish. Currently the 60 Integrated Home Care Service (IHCS) teams and 24 Enhanced Home and Community Care Service (EHCCS) teams in Hong Kong provide a service capacity of 4586 cases for elders with LTC needs. According to the reported data, about 30% elders on Central Waiting List (CWL) waiting for subsidized NH places were living at home. Over 10% are receieving subsidized home-based community care or day care services and about 50% are on CSSA and staying in private home. In general, the average waiting time for home-based community care is less than 3 months. With respect to service hours, 44-60 hours of direct care services are provided to each elder quarterly.

As at end of March 2009, there were a total of 1,044 elders waiting for Day Care Service (DCC). The average waiting time is about 7.6 months. At present, of these 2,895 day care users, 234 elders were assessed to be severely impaired under the standardized care need assessment, representing about 8% of the total number of day care service users. Nearly 1,050 active day care users are diagnosed of dementia (i.e. about 36% of total number of day care service users)[8]. Though some of these elders will end up required residential care service, before they get the placements, their frailties require prompt community support service.

Recommendations:

i. Although the waiting time for subsidized services varies under different circumstances, the applicant and caregiver should be provided with up-to-date information on waiting time for different community support services. With regard to information dissemination, SWD is expected to releases, through its website, the district-wide information if possible on the total number of applicants waiting for admission to subsidized community support service, the

[8] 18 DCC centres have more than 40 % of service users are diagnosed of dementia. In which 7 DCC centres even have over 50% of service users are diagnosed of dementia.

average waiting time for these services and the "date of application" of the elder most recently allocated with a subsidized service, say day care service.

ii. Ensure sufficient service quota of day care centre and home care service, for those who are assessed as moderate impaired or beyond that. Setting up new service centre/team or having in-situ expansion can either be considered. The timely service given to elder in need is a significant factor to aging in the community. The waiting time of different community support service should be reviewed by district level. In long run, no waitlist should be existed.

iii. Increasing number of DCC users are diagnosed of Dementia and/or demanding intensive care:

- The problem of insufficient space in day care centre should be addressed. It is revealed that the net floor areas in DCCs (40 capacity) are varied from less than 218M^2 to 355M^2. With the consideration of frailty rate and special care for users with dementia, the schedule of accommodation is worthy to be reviewed and improved.

- Improve the infrastructure and manpower of day care service such as rehabilitation equipment and professional staffing, such as social workers', and para-medical staff's input and hours.

- Provide incentive and support to the development of self-financing community support services, so that families or elderly people who are ready to pay for quality care service had more options to enhance their caring motivation.

4 Rehabilitation Services

4.1 Service Improvement

4.1.1 Residential Services for People with Disabilities (PWDs)

There are over 6,100 people with disabilities on the waiting list of various residential services and the average waiting time for different residential places is 6 to 8 years. A long term plan with policy targeted on the provision of subvented residential services for PWDs should be formulated. On the other hand, according to the Council's survey on the aging issue of people with mental handicap, the needs of nursing care and para-medical training of those elder people with mental handicapped living in subvented residential homes are rising.

Recommendations:

i. To formulate a long term plan on the development of subvented residential services for PWDs by setting a target of 5 years to clear the waiting list of residential service and the extra resources needed are estimated to be $128.2M per year;

ii. To support the development of self-financed homes and private homes for PWDs by developing some facilitating measures such as provision of suitable sites and a certain level of subsidies for self-financed homes, and introduction of bought place scheme for private homes;

iii. To explore service modes, with the involvement of concerned stakeholders, addressing the aging issue of people with mental handicap living in residential homes and in community so that their needs especially in nursing care and para-medical training can be properly met.

4.1.2 Day and Community Support Services for PWDs

Although new resources have been allocated by SWD to enhance the support services for PWDs living in the community, there are still rooms to further improve the day and community support services for PWDs.

Recommendations:

i. To enhance the professional supports in day training services for providing tailor-made training programme to autistic service users to meet their special needs, or to establish a specific day training service for autistic adults;

ii. To review the schedule of accommodation and resources provision for staffing support in Special Child Care Centre and Early Education Training Centre, so that the services can better address the situation of increasing number of pre-school disabled children with more complicated and severer condition, or even with multiple disabilities;

iii. To further strengthen the support to carers and family members of PWDs so as to properly address their needs and difficulties which includes examining the feasibility of introducing financial assistance to carers;

iv. To further increase the support to self-help organizations of PWDs in terms of improving the subsidy level and maintaining stable funding of services.

4.1.3 Integrated Education

The Government has implemented the "Whole-school Approach to Integrated Education" in primary schools since 2003 and under this new funding model, the schools would be allocated with an extra $10,000 to $20,000 per year for enrolling a student with special education needs with an upper limit of $1,000,000 in total. Concerns from parents and the schools have been raised toward this new funding model and its ways to support students with special education needs.

Recommendations:

i. To modify the funding model under the "Whole-school Approach to Integrated Education" and to take necessary measures such as increasing the grant for each student with special education needs in order to ensure effective implementation of the integrated education policy. The Government should also try to monitor more closely the effectiveness of the grant in integrated schools and to enhance openness and transparency of the schools on the measures adopted to support student with special education needs.

4.2 New Initiatives

4.2.1 Services for People with Mental Illness

According to the figures of Hospital Authority, the attendances at psychiatric outpatient clinics increased by over 13% from 2003/04 (543,443) to 2006/07 (615,083). Moreover, it is also observed that there is a rising trend on the cases with mood disorder such as Anxiety Disorder, Panic Disorder, Bipolar Disorder, Psychosomatic Disorder and Phobia. With the influence of financial tsunami, the community mental health problem would be expected to be further worse.

Recommendations:

i. To develop district-based community support centres for the mentally ill (MI) by the integration as well as enhancement of current MI community support services, including the Community Mental Health Intervention Project, the Community Mental Health Care Service and the Community Mental Health Link Service;

ii. To establish districts based centres for people with mood disorders to provide counseling services, para-medical support, public education programmes, networking, etc. The centres can also act as a focal point in the community to link up relevant stakeholders such as family doctors, management of public housing estates, schools and other professionals, to strengthen the support for people with disorders and to promote the public's awareness and knowledge of mood disorders.

4.2.2 Employment of PWDs

According to government's statistics in 2008, the unemployment rate of PWDs was 3.4 times of that of the total working population in Hon Kong and taking reference to the unemployment rate of Hong Kong in February 2009 as 5.0%, the unemployment rate of PWDs at the same time was 17%. However, NGOs sector estimates that the unemployment rate of PWDs hits at 30% at the least. Moreover, the introduction of minimum wage is expected to have further negative implication to the employment of PWDs.

Recommendations:

i. To establish an assessment mechanism, with the involvement of concerned stakeholders, for PWDs under the statutory minimum wage so as to protect the employment opportunities of PWDs by allowing them being paid with a reduced rate in matching with their productivities;

ii. To introduce tax exemption for private companies employing PWDs.

4.2.3 Transport and Built Environment for PWDs

The various public transport facilities and built environment are still not fully accessible to PWDs, ongoing improvements should be made with effective strategies formulated and reasonable time schedule worked out.

Recommendations:

i. To actively study and formulate strategies to introduce wheelchair accessible taxies in Hong Kong;

ii. To promote barrier-free access by conducting accessibility inspections in built environment of 18 districts in which PWDs can be employed as inspectors;

iii. To develop realistic strategies to extend the concessionary fare for PWDs to other public transport services such as bus services.

5. Low Income Households

5.1 Service Improvements

5.1.1 Expanding the Integrated Employment Service Scheme (IEAS)

The unemployment rate has been increasing following the economic downturn. The number of unemployed cases in CSSA has also risen, e.g. the number of cases was 33,379 in March 2009 which was an increase of 5.3% when compared with that in March 2008. The demand for IEAS which provides employment assistance to the employable CSSA recipients, has hence increased significantly. The average number of cases per project should be 530 in the existing 60 IEAS projects. However, statistics from 34 projects showed that there were already 24,375 cases as at March 31, 2009. That is, each project received from SWD an average of 738 cases in 6-month's time which is 139% of the original average of 530 cases in a year.

Recommendations

i. It is recommended that SWD should, in light of the increasing number of adult CSSA recipients, update the demand for IEAS and hence the number of projects required to meet the demand. Additional resources should be input to increase the extra projects added.

ii. The unemployment rate is increased sharply following the economic downturn, it is anticipated that the rate will remain high in the coming months. Hence there will still be many unemployed and many of them may be "near-CSSAs", they will need support in employment assistance.

It is recommended that the expansion of IEAS should include service to the near-CSSA participants. It has been practice in the past 4 batches of Intensive Employment Assistance Projects (IEAPs) that able-bodied unemployed (included both CSSA recipients and non-CSSA participants) were served. The usual ratio of 70:30 could be adopted.

It is also recommended that the Temporary Financial Aid (TFA) be extended to these non-CSSA participants, as in the case of IEAPs, as an alternative to taking up CSSA.

5.1.2 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 2007			March 2008			March 2009		
	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	9,499 (41.0%)	13,628 (58.9%)	23,127	8, 800 (39.7%)	13,381 (60.3%)	22,181	8 ,082 (37.1%)	13,731 (62.9%)	21,813
2	7,460 (62.7%)	4,445 (37.3%)	11,905	6, 753 (60.3%)	4,448 (39.7%)	11,201	5 ,990 (56.8%)	4,552 (43.2%)	10,542
3	4,125 (59.0%)	2,855 (40.9%)	6,980	3, 884 (58.2%)	2,786 (41.8%)	6,670	3 ,372 (55.4%)	2,719 (44.6%)	6,091
4	1,758 (58.8%)	1,231 (41.2%)	2,989	1, 530 (56.6%)	1,171 (43.4%)	2,701	1 ,300 (52%)	1,202 (48%)	2,502
5	480 (54.4%)	402 (45.6%)	882	414 (51.6%)	389 (48.4%)	803	354 (46.3%)	411 (53.7%)	765
6 or above	247 (67.7%)	118 (32.3%)	365	223 (64.1%)	125 (35.9%)	348	202 (57.1%)	152 (42.9%)	354
Total	23,569 (51%)	22,679 (49%)	46,248	21, 604 (49.2%)	22,300 (50.8%)	43,904	19,300 (45.9%)	22,767 (54.1%)	42,067

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.

At the same time, NGOs observed that following the financial tsunami, the number of street sleepers has increased. They are not able to pay for the rent and also the rent deposit in private housing.

Recommendations

i. As an immediate measure, it is suggested that the maximum rent allowance (MRA) 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 (CSSA) 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 2010-11 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.