

1 Preamble

The Health, Welfare and Food Bureau has organized the annual consultation meeting on welfare priorities for 2007-08 and beyond in June this year. It is a good opportunity for the Government and the sector to exchange views on the current community needs and responding strategies. We hope that the consultation meeting is not the only occasion for dialogue, but the beginning of more in-depth discussion between the Government and the sector on welfare planning.

In this regard, we have further consolidated the views of the sector on the 4 major discussion areas of the Consultation Meeting, i.e. elderly, family and child welfare, rehabilitation and young people to facilitate further follow up deliberation. This proposal will focus more on the issues relating to the concerns of HWFB and the Council will make a separate submission to the Chief Executive on other broader issues.

However, as most welfare issues, such as ageing society and social inclusion of people with disability, cannot be effectively tackled from the welfare perspective alone, and inter-disciplinary collaboration and cross-bureaux co-ordination are essential. We hope the Health, Welfare and Food Bureau can take the lead to solicit the support of concerned government departments and each of them can contribute in their specific policy areas and create synergy through better interface, coordination and collaboration.

2

Integrated and Forward-looking Planning Framework

During the HWFB's annual consultation meeting, the NGOs reiterated the need for an integrated and forward-looking planning framework. The annual priorities setting, if conducted on a year by year basis, is ad hoc and fragmented.

Many social issues require longer term planning. Taking the ageing population as an example, are our welfare services so planned that we are well prepared for the ageing population? What are our strategic directions? Is the current financing model sustainable? Are there any concrete measures to implement the concepts of 'ageing in place' and 'active ageing'? What are the current hurdles and how they can be removed? Are there choices and options for seniors with different needs and means? Do we have appropriate manpower and premises planning to meet the future needs? All these issues require long term planning and cannot be dealt with on a year by year basis.

In the past year, the Bureau has revived the Review of the Rehabilitation Programme Plan (RPP) and involved the sector, service users and concerned professionals and held in-depth discussion on needs assessment, strategic directions as well as long, medium and short term goals. The sector welcomes such an approach and recommends the same be applied to other service areas.

Recommendations:

- 2.1 We hope that in the coming year, the Government will **make it a priority to start working on the long, medium and annual welfare plans**, in partnership with the sector and in consultation with concerned stakeholders.
- 2.2 The Bureau has issued a consultation paper on Strategic Framework on Social Welfare in 2004 and collected a lot of constructive feedback. However, there was no further follow up on the matter. The paper, with further discussion and refinement, can serve as useful groundwork for the further **formulation of the strategic directions of social welfare**.
- 2.3 It is suggested that the Bureau will adopt the RPP review model and **conduct mid term welfare planning on different programme areas by stage, starting with elderly service in 2007**.
- 2.4 **The present district planning can be further strengthened by linking it with the central planning process**. The district needs assessment and district plans can serve as good reference material in the both annual and medium term planning.

The HK society is well aware that our population is ageing. The proportion of elderly (65+) will increase from the present 12.1% (836,400) to 13.2% (978,000) and 26.8% (2,243,100) in 2013 and 2033 respectively.

Not only the population is ageing, the number of old-old (85+) is growing sharply. In 2005, there were 80,500 persons aged 85 or above. The number is projected to increase to 128,800 in 2013 and 240,900 in 2033 respectively. The old-old group is often the most vulnerable to various kinds of chronic illnesses and will require long term care (LTC).

At the same time, vast majority of the seniors are still healthy, active and independent. They are important human resources and should be provided with the opportunities to participate and contribute to the society. We support the Government's strategic directions of 'Active Ageing' and 'Strengthening Long Term Care'. Concrete measures need to be developed to actualize these concepts.

Ageing in Place: Improving Community Support Services to Facilitate the Seniors Living in the Community

- Ageing in place has long been the Government's policy direction to enable the elders to continue to live at home. NGO sector shares the same vision to strengthen community support to make them comparable to residential care in the eyes of the elders and their families. To achieve this, we need a more comprehensive plan to build the community support service system instead of simply planning individual service on its own. At present, we see some **problems in the current system that discourage the elders and their family members in using the community support services**:
 - Complicated service: for example, within home-based services, there are Enhanced Home and Community Care Service (EHCCS) and Integrated Home Care Service Team (IHCST), which are providing similar services for the frail elders. Yet, the unit cost and the service requirements are different. The service boundaries of the IHCST and EHCCS also overlap.
 - Rigid service requirement: for example, clients using day care centres (D/E) or home-based services cannot use the other service interchangeably. This ends up with some elders having to travel to D/E daily while those elders supported by EHCCS/IHCST have to stay at home without any social interactions.
 - Not instant service: unlike RCHE which people are used to the waiting time, people are expecting community support services to be more

readily available. After the introduction of the SCNAM, they have to wait for weeks before the service can be matched for them. During the waiting period, some families find it more convenient to send the elders to private RCHEs.

- Insufficient information: in the past, elders and carers could approach D/E or home-based service teams directly and they could have first hand and detailed information about the services. Yet, after the implementation of SCNAM, they can only know the service through a third party and have no direct access to the service operator.

Recommendations:

- 3.1 It is proposed that the Government to conduct a comprehensive review on the community support service system and remove those unfriendly measures.
 - 3.2 A review of the SCAM is required to speed up the process and in case of urgent need, emergency community support service (as in the case of emergency placement in RCHE) should be made available, while the full assessment is being arranged and processed.
- To facilitate the elders to live in the community, **improvement in Day Care Centres for the Elderly (D/E)**, will also be required. D/E is one of the important community support services to care for the elders when appropriate care is not available at home during daytime. Yet, our recent survey reveals that the service is facing difficulties to cope with the increasing frailty of the elders.
 - The establishment and design of D/E are to take care of elders suffering from moderate level of impairments. The capacity of these centres is 40 and the Schedule of Accommodation (SoA) is only 218m². There is no space for the elders to lie down for a rest even if he/she has to stay in the centre the whole day.
 - Our recent survey indicates that 52% of the full time users and 44% of the part-time users are demented. Some centres also reported that significant proportion of their clients deteriorated from moderate to severe levels, ranging from 4% to 25%. Given the increasing frailty of the users, the original set up and facilities of D/E can no longer cope with their needs.

Recommendations:

- 3.3 The concept of 'Continuum of Care', which is adopted by the residential service, should also be applied in D/E. It is important to **review the present case mix and the manpower and facilities should be strengthened to provide appropriate level of care for elders with different degrees of frailty.** The capacity and SoA should also be reviewed so that adequate space is available to meet the service requirements.

Manpower Planning for Long Term Care (LTC) Services

- For some years, the social welfare sector has been facing serious shortage in nurse manpower, especially the Enrolled Nurses (ENs). Our survey in 2005 shows that there was a shortage of 280 ENs in that year and an anticipated shortage of 239 ENs in 2007-08, making up a total shortage of 519 ENs. For Registered Nurses (RNs), the shortage was 60.5 in 2005 and the anticipated shortage in 2007-08 will be 96.
- In response to the sector's request, HWFB has introduced a training course for 110 ENs in late 2005. Yet, the 110 ENs to be graduated in 2008 would only be able to fill about one-fifth of the shortage.
- The serious nurse shortage results in the escalation of salary which is beyond the affordability of NGOs and drives up the cost of LTC.

Recommendations:

- 3.4 To meet the serious demand and to ensure sufficient supply of nurses, we urge the Government to **continue the training of ENs and make it a regular training program.**
- 3.5 As it takes years to train up a professional, **better manpower planning** based on the already known elderly population projection is essential. This also applies to other professionals necessary for LTC

Strengthening Casework Capacity of District Community Centres for the Elderly (DECC)

- Since the DECC has been requested to assist in processing the LTC applications for the elderly living in the community in April 2004, there was a sharp increase in the caseload of these centres. Our recent data collection revealed that their average caseload has increased to 147 cases in September 2005, meaning a 28% increase as compared to the average caseload in August 2004, and 47% over the FSA agreed level (100 cases).
- On average, each centre has received 10 new applications each month in the half-year from March 2005 to September 2005. Not only that the caseworker has to process the applications for the elders, they have to follow up the CAPs, render counseling and to provide continuous support to the elders and their families until a LTC service has been matched to them.

Recommendations:

- 3.6 Resources are required to **strengthen casework manpower of DECC.** With the continuous growing elderly population, DECCs will not be able to cope with the increasing demand with their resources remain constant.

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

In recent years, we witness:

- the number of single parent families has almost doubled, from 41,200 in 1996 to 76,900 in 2005
- 49.8% of families have both parents in the workforce
- over 200,000 parents have to work long hours, i.e. 60+ hours per week
- increase in the number of split families, especially with the increase in cross-border activities
- alarming increase in domestic violence cases

The change in family structure and family life pattern is a challenge to the family in performing its caring and support functions. More proactive family policies and services are required to strengthen family solidarity, foster resilience and complement its caring functions.

Promoting Family Friendly Society

Recently, we are glad to see that different parties are promoting a family friendly society. The Government has taken the lead to implement the 5 day week. The Council has launched the Family Work Balance Campaign and the Women Commission is also conducting research on the subject and promoting more cross sector deliberation.

Recommendations:

- 4.1 Conscious efforts are needed from all members of society to build a strong and close-knit family for a fulfilling family life. The Government can take the lead to promote **Family Friendly Society**, including:
- formulate family friendly checklist and conduct family impact study on social policy, eg. population policy, housing policy, and education policy
 - establish a platform to promote cross sector collaboration in creating a family friendly society, as well as conduct research on families to provide data and information for policy making
 - launching of Family Friendly Awards (eg. Family Friendly TV/Radio Programmes, Family Friendly Restaurants, Schools and Corporate)

- set up Stronger Family Fund to encourage more community efforts in initiating developmental and preventive programmes and services to enhance family functioning and solidarity, especially reaching out to those hard-to-reach

Holistic Care for Pre-school Children

The ages 0 to 6 are a critical developmental stage. Many overseas experiences indicate that adequate support for the family and child at this early stage yield the best result. This is a critical stage to foster family bonding and develop sense of security and self esteem. Nowadays, with families having both parents working and many of them living far away from their support networks, more community support is required in the care of pre-school children.

The Comprehensive Child Development Scheme (CCDS) launched by the Government earlier is a step forward. More support to families is called for especially with the current trend of low fertility rate and the importance of a high quality population. The CCDS identifies children and families at risk and refers them to appropriate services for follow up. However, many families may decline referral as they do not see themselves having problems at such. Such services would be more effective if they are more 'preventive' in nature.

Recommendations:

- 4.2 In the past, childcare services have extended their service hours and develop occasional childcare services to give more support to families in need. However, with the increasing long and irregular working hours, more diversified modes of childcare services need to be developed. At present, some families are placing their children in the care of child-minders, however, there is no mechanism to ensure the service quality. **The Government may encourage more diversified modes of quality childcare service, such as volunteer registration system for child minders, day foster care and day small group home, so as to provide well-monitored, flexible and quality services.**
- 4.3 **Stationing social work service in child care centres, kindergarten and Mother-Child Health Clinic (MCHC) is recommended so that the services can be provided where the clients are.** The service not only provides counseling service for those in need, but also reach out to the families and organize parent mutual help networks, support groups, parent education and provide early intervention for families with special needs and problems. Hotline service can also be set up to provide consultation and support for parents to strengthen parents' skills and knowledge in pre and post natal care as well as child growth and development. Though the proposed service may be within the ambit of IFSCs, designated resources are called for as the IFSCs, with limited manpower, are already overloaded with competing demands.

- 4.4 A comprehensive **child policy** is recommended to be formulated to oversee the developmental and caring needs of a child. The concept of “child first” should be promoted with the best interest of child as the paramount consideration. A comprehensive tool for family risk assessment should also be developed for early identification and intervention for family and child in need.

Specialized Service to Tackle Housing Problems of Families

While service integration facilitates more flexibility and synergy in resource mobilization to meet community needs, specialized service should also be developed at the same time for services which require special skills and support. At present, NGO IFSC workers are overloaded with the average of 80 cases and 11 groups/programmes per worker. Each worker also has to handle 133 enquiries/ intake reports each year. It is important to provide specialized service to supplement the integrated service so that the IFSC will not be overloaded with competing community demands.

In 2005-06, 21 NGO IFSC handled 2,400 cases with housing needs. It is projected that there are around 7,000 cases of this type for all IFSCs. In handling these cases, social workers at IFSC have to conduct social assessment and writing reports for application of special housing arrangement, such as, split tenancy, conditional tenancy, compassionate re-housing, additional tenancy, eviction order and illegal occupancy.

In supporting families to handle the public housing issues, the social workers need to have a good knowledge of the housing policies, practices and procedures. Moreover, good coordination and close collaboration with staff of the Housing Department is the pre-requisite for effectively working with families with housing problems.

Recommendations:

- 4.5 Drawing from the experience of the social service teams established by the Buildings Department and the Urban Renewal Authority respectively, it is suggested the Bureau to explore with the Housing Department the feasibility of setting up specialized **Housing Social Service Teams (HSSTs)** with the aims of providing first hand support, professional advice and guidance to vulnerable families with problems and needs relating to public housing. The service users are expected to benefit from the prompt one-stop HSST service, in which both the housing, family and other social needs can be effectively handled at the same time. For clients with family and social problems who need more long term follow up, they can be referred to IFSC after the housing problem is dealt with.

Providing More Support for Split Families resulted from Increasing Cross-border Activities

In 2004, there were 244,000 people from Hong Kong who worked in the Mainland and more than 50% of them have traveled to and fro for more than 30 times in the past 12 months. At the same time, about 4,000 students from the Mainland attended school in Hong Kong. Among the newborn babies in Hong Kong, 30% of the mothers are residents of the mainland, while the babies have residence in Hong Kong.

Recommendations:

- 4.6 With the many split families having some of their members working or residing in the Mainland, more inter-Governmental collaboration is required to establish a **HK-Mainland platform to discuss 'cross-border families' issues and develop cross-border supportive service and resource centre for Hong Kong linked families and cross-border employees.**

Youth mental health is an issue of growing concern. A recent survey among Integrated Children and Youth Service Centre and School Social Workers indicates that there were at least 1,584 cases with mental health problems in the past 2 years. In 2001-03, 2,800 young people were diagnosed to have early psychosis by the Hospital Authority's Early Assessment Services for Young Persons with Psychosis (EASY). About 700 new cases are expected to be received each year.

According to the Jockey Club Centre for Suicide Research and Prevention, 21% of F.4 to F.7 students had the thought of committing suicide in the past 12 months. Mental disturbance and depression are risk factors for self-destructive behaviour.

There are also increasing reports of young people having withdrawn from the society for a long period of time. They shut themselves up at home and some have web addiction behaviour. According to a special project on 'Hidden' Youth, it is estimated that there are around 6,000 of young people with such problem in HK. This number may only be a tip of an iceberg. Study in Japan reveals that there are around 1.72 million 'otaku' (hidden youth) in their country. This may be an indication of the seriousness of the problem in highly urbanized cities.

Recommendations:

5.1 The Government has set up the **Community Support Project for Child and Adolescent Mental Health** staffed by medical social workers. The sector views that this specialized service, amongst its many tasks, can focus more on secondary prevention by :

- Providing consultation to youth workers in identifying and dealing with clients with mental health problems
- Acting as a bridge between the social welfare services and the medical/psychiatric services to provide timely medical care for those in need, and conducting case conference with related professionals for better collaboration and multi-level intervention
- Liaising with psychiatric nurses to provide outreaching assessment and treatment services

5.2 A collaboration project between NGO and HA reveals that working with youth with mental health problems requires specialized training as well as intensive service. In order to provide professional and all-rounded support to this target group, **special youth mental project teams are recommended to be attached to ICYSCs in selected districts** and provide a range of services including reaching out services, case

management, community integration programmes, mutual help and support groups, parents support groups, 'back to work' and 'back to school' support as well as teachers' training. These community-based teams minimize the impact of stigmatization, promote social integration and facilitate rehabilitation in the community.

6

Tackling Drug Abuse

According to Security Bureau's 4th Three-year Plan on Drug Treatment and Rehabilitation Services, Hong Kong, like many developed cities in the world, is fighting a full-scale war against drug abuse. The Central Registry on Drug Abuse also shows an increasing prevalence of psychotropic substance abuse, particularly among the young, and the increase in newly reported young substance abusers and rise in proportion of multi-drug users warrant our immediate attention. The 2004 Survey of Drug Use Among Students indicates that around 8,000 and 13,700 young people had used heroin and psychotropic substances respectively. These figures have not yet included the young people who are no longer in school. Effective preventive and remedial work require multi-disciplinary collaboration, especially that between social workers and medical professional.

Recommendations:

- 6.1 It is recommended that **more efforts be put on secondary prevention targeting at the high risk cases.** Such early prevention is essential as these problems, if not dealt with at an early stage, will turn into hard core cases to whom treatment will be more costly and difficult. **There has been successful experimental project between NGOs and the medical sector in motivating young drug abusers to understand the harmful impact of drugs and receiving treatment through community-based health check-up and follow up services.** Such mode of intervention is proven to be successful as it reduces resistance and stigmatization, and the health check-ups provide hard facts and evidence to young people on the harmful impact of drugs, and enhances their motivation to seek help before the problem worsens. **It is proposed that designated resources be provided to NGOs to strengthen secondary prevention services and engage medical support from both public and private sectors so that the proven effective intervention model can be continued and replicated in different districts.**
- 6.2 The sector is also concerned with the **recent closure of a substance abuse clinic** and the future development of the clinic under the Hospital Authority. All along, NGOs have expressed the need for more support from medical practitioners in form of medical consultation, health checks, educational talks, etc. for both prevention purpose, as well as during various stages of detoxification and relapse prevention. It is recommended that the **roles of the Substance Abuse Clinic be re-confirmed** to facilitate multi-disciplinary collaboration in the war against drugs. NGOs also look forward to more exchange and collaboration platforms with the Hospital Authority and Department of Health to improve the existing service delivery to enhance the outcome of preventive and treatment services.

The sector welcomes the HWFB's initiative in conducting the Review of the Rehabilitation Programme Plan (RPP). It is hoped that the Plan will discuss the current and projected needs of the people with disabilities (PwDs) and spells out the strategic directions as well as the long-term, mid-term and short-term goals for policy formulation and service development. The following priority items are identified with reference to the discussion of the RPP.

Employment of PwDs

According to government's statistics, the unemployment rate of PwDs was 2.4 times of that of the total working population in Hong Kong and taking the unemployment rate of Hong Kong in March 2006 as 5.0%, the unemployment rate of PwDs is 12.0%. However, the NGOs sector estimates that the unemployment rate of PwDs hits at 30% at the least. Employment is an important means to promote self reliance and social inclusion and we hope that the Government will take the lead to promote more employment opportunities for this disadvantaged group.

Recommendations:

- 7.1 Government is urged to set an indicator on a manageable employment rate of PwDs and to require public bodies to follow suit, with reports announced publicly and periodically. The private sector can be encouraged to adopt such good practice through various means, such as tax exemption.
- 7.2 Continuous support should be given to the development of social enterprises so that more job opportunities for PwDs can be created. The Government, public bodies and subvented agencies can take the lead in outsourcing work to social enterprises operated by disadvantaged groups through restricted tendering.

Tackling Mental Health Problems

There is an increasing trend on the cases with mood disorder such as Anxiety Disorder, Panic Disorder, Bipolar Disorder, Psychosomatic Disorder and Phobia. Services for early identification and provision of proper support to this group of people are found to be necessary. Moreover, with the growing trend of non-institutional care and care in the community, adequate community services are essential to provide the necessary support and follow up services.

Recommendations:

- 7.3 It is recommended that **district based outreaching teams** be set up to provide social work service, such as therapeutic work, para-medical support, community education, and networking, **to those suffering from mood disorders**. The service could work in partnership with family doctors, management of public housing estates as well as schools and other professionals. A sub-committee on mental health is suggested to be set up under the Rehabilitation Advisory Committee to facilitate in-depth discussion on mental health issues and responding strategies.

Providing Early Intervention and Enhancing PwDs to Live in the Community

In recent years, new resources have been allocated by SWD to enhance support services for PwDs living in the community. However, these are only a first stage of development in the provision of community support services for PwDs, and still far from enough in terms of intensity and variety.

Recommendations:

- 7.4 **Home care and community support services** for people with severe disabilities, both physical and mental, should be further developed to facilitate those staying in institutions to move out and live more confidently in the community out of their own choice. Further **support to family members and carers**, including considering the introduction of carer allowance, is also required.
- 7.5 At present, children with special needs have to wait for a long time before services are available. It is recommended to increase pre-school places so that services can be available within 6 months after child is diagnosed with disabilities or developmental delay.

Residential Services for People with Disabilities

There are over 6,000 people with disabilities on the waiting list of various residential services and the average waiting time for different residential places is 4 to 8 years. It is recommended to different types of residential services be developed to meet the high demand.

Recommendations:

- 7.6 It is recommended to expedite the process of legislation for **licensing of private hostels** and to increase the number of scheduled and ad hoc inspection visits to private hostels to ensure the service quality.
- 7.7 More support for the development of **alternative residential modes** for PwDs should be provided, including encouraging the development of self-financed homes for people with mild mental handicap and ex-mentally ill people by provision of suitable sites and facilitating measures;

- 7.8 A **long term plan on the development on subvented residential services** for PwDs is required to ensure the continuous provision of residential places to meet the huge demands. In preparing for the long term plan, a study on the overall service needs of the aging PwDs should be conducted and the ‘aging-in-place’ approach be adopted to support aging people with mental handicap to continue staying in the same hostel.

Transport for People with Disabilities

The various public transport facilities are still not fully accessible to PwDs and ongoing improvements should be made, with effective strategies formulated and reasonable time schedule worked out. Moreover, there are similar measures on concessionary fare for PwDs in China and overseas to encourage the social participation of PwDs.

Recommendations:

- 7.9 We hope that the Bureau will formulate **concrete measures and time schedule to accomplish the objectives of the “Transport for All” policy**, and continue to take a lead in developing realistic strategy for introduction of concessionary fare for PwDs, as well as to advocate for adding into the franchise of public transport companies the requirement of full provision of accessible facilities for PwDs.

Integrated Education

The Government has implemented the “Whole-school Approach to Integrated Education” since 2002 and under this new funding model, the schools would be able to gain extra \$10,000 or \$20,000 per year for enrolling a student with disabilities with an upper limit of \$550,000 in total. Grave concerns from parents and the schools have been raised toward this new funding model and its ways to support students with disabilities. This issue is being followed up by a review working group under Education and Manpower Bureau

Recommendations:

- 7.10 The funding model is suggested to be modified to **ensure effective implementation of the integrated education policy** and to monitor the schools on providing assistance with the extra resources to students with disabilities. The funding is also suggested to be extended to secondary schools and more training on special education be provided to the teachers in integrated schools.

8

Conclusion

It is appreciated that the Government has provided a forum to exchange views with the sector on the welfare priorities for the coming year. This submission is prepared with the aim of further elaborating the sector's concern and proposing responding strategy.

Welfare priorities setting is a process which involves needs identification, review of existing service provision, formulation of strategies and resource allocation. We hope that the consultation meeting is only the beginning of a continuous dialogue to identify common goals and strategic responses. It is hoped that the Bureau will respond to our concerns and have more in-depth deliberation with the sector on issues of common concern before the finalization of the priorities for the coming year.

We also look forward to the Bureau to put in place a more comprehensive welfare planning framework and the annual welfare priorities setting exercise will be conducted in the context of long term welfare strategic goals, mid term plans for various programmes as well as analysis of district needs.