

Community Care Fund – Public Consultation Sessions
Summary of Views and Suggestions

The Community Care Fund (CCF) held four public consultation sessions on 26 March, 14 April, 19 April and 19 May 2018 respectively to gauge public views on the existing assistance programmes and the formulation of new programmes. Here below is a summary of views and suggestions on the programmes from participants:

Existing Assistance Programmes

1. Special Care Subsidy for the Severely Disabled

- (1) To relax the age limit to cover persons with disabilities (PWDs) aged 65 or below or remove completely the limit under the programme, increase the subsidy amount, relax the method for counting household members, raise the household income limit and extend the programme to those not living in the community (e.g. those hospitalised).
- (2) To allow multiple applications annually.
- (3) To incorporate the programme into the Government's regular assistance programme.

2. Pilot Scheme on Living Allowance for Low-income Carers of PWDs (Pilot Scheme)

- (1) To review the requirement for the PWDs being taken care of to be on the waiting lists for services in order to benefit from the Pilot Scheme, relax the household income limit and the method for counting household members.
- (2) To incorporate the programme into the Government's regular assistance programme.
- (3) To increase the allowance amount under the Pilot Scheme to \$3,000 per month.
- (4) To allocate a portion of the training allowance for carers (\$1,000 per month) for recreational purposes so that families of the PWDs may choose to visit theme parks to relieve stress.

3. Pilot Scheme on Living Allowance for Carers of Elderly Persons from Low-income Families (Pilot Scheme)

- (1) To introduce different levels of allowance corresponding to the physical condition of the elderly persons being cared for, where a higher amount of allowance should be disbursed to carers of those elderly persons in poorer physical condition as these carers are required to spend more time and money to take care of such persons.
- (2) To incorporate the Pilot Scheme into the Government's regular assistance programme.
- (3) To relax the eligibility criteria of the Pilot Scheme (e.g. to allow applications from carers who are recipients of the Comprehensive Social Security Assistance (CSSA) and/or on the waiting list for residential care services).

4. The First Phase Programme of Medical Assistance Programmes and the Subsidy for Eligible Patients to Purchase Ultra-expensive Drugs (Including Those for Treating Uncommon Disorders)

- (1) To expand the programmes to cover more types of uncommon disorders (e.g. idiopathic pulmonary fibrosis and myasthenia gravis).
- (2) To review the application thresholds and consider subsidising other drugs not for cancer treatment (e.g. biological agents).
- (3) To speed up the introduction of drugs, review the definition of "family" and reduce patients' contribution ratio on drugs.

5. Incentive Scheme to Further Encourage CSSA Recipients of the "Integrated Employment Assistance Programme for Self-reliance" to Secure Employment (Incentive Scheme)

- (1) To expand fully the Incentive Scheme to all CSSA recipients under the "Integrated Employment Assistance Programme for Self-reliance".
- (2) To select CSSA recipients (including singletons and young people) through social workers or relevant organisations, instead of through random selection, to participate in the Incentive Scheme.

6. Elderly Dental Assistance Programme

- (1) To expand the programme to cover elderly persons aged 65 or above and its funding scope to dental treatment services for elderly persons including scaling and polishing, filling, root canal treatment, etc., to enable the elderly persons to use the subsidy flexibly.
- (2) To accept multiple applications and allow elderly persons to use, after deducting the cost of fitting dentures, the remaining subsidy for other dental services.
- (3) To be open to all registered dentists in Hong Kong; to allow the beneficiaries to claim the subsidy on an accountable basis; to attract more experienced dentists to join the programme and provide services; and to train more dentists so that elderly persons could have more options.
- (4) To provide a well-established monitoring and complaint mechanism for elderly persons to express themselves and to disclose to the public the information concerned (e.g. an elderly person discovered that a dentist had not provided a free follow-up consultation on dentures within the 3-month trial period).

7. Provision of Subsidy to Needy Primary and Secondary Students for Purchasing Mobile Computer Devices to Facilitate the Practice of e-Learning

- (1) To extend the target beneficiaries of the programme to cover those students studying in schools not implementing e-learning and not adopting the “Bring Your Own Device” policy, so as to benefit more underprivileged students.

8. Pilot Scheme on Support for Elderly Persons Discharged from Public Hospitals After Treatment

- (1) To make payment of the subsidy on an accountable basis to prevent abuse as the charges for residential care services (e.g. extubation and medical appointment escort services) have not been clearly set out for applicants.

9. Pilot Scheme on Relocation Allowance for Beneficiaries of the “Community Housing Movement”

- (1) To increase the amount of allowance and expand the scope of target beneficiaries under the programme to cover other grassroots/homeless people living in inadequate housing, and to provide rent and deposit allowance.

10. Subsidy for CSSA Recipients Living in Rented Private Housing

- (1) To provide full-rate rent allowance through the CCF to singletons as the maximum rent allowance provided under the CSSA Scheme is not sufficient for them to cover the high rents.

Assistance Programmes Completed

1. One-off Living Subsidy for Low-income Households Not Living in Public Housing and Not Receiving CSSA

- (1) To relaunch the programme and incorporate it into the Government’s regular assistance programme to alleviate the financial burden of the “N have-nots”.

Suggestions for New Assistance Programmes

1. The Elderly

- (1) To provide a subsidy for elderly persons aged under 65 to receive general medical and dental services.
- (2) To provide a subsidy for those elderly persons living in private residential care homes to receive medical appointment escort services and to purchase medical consumables (e.g. diapers).

2. Young People, Students and Children

- (1) To launch a pilot scheme to grant a subsidy for both social welfare and non-governmental organisations to provide “onestop services” (including assessment, treatment, group training and emotional support) to students with special educational needs (SEN) (such as those with attention deficit / hyperactivity disorder (ADHD)) and their carers; or subsidise those with ADHD to seek psychiatric treatment from the private sector.

- (2) To launch a pilot scheme to provide an allowance to carers of SEN students.
- (3) To provide child-minding services to new arrivals.
- (4) To provide health care vouchers for needy children to receive private healthcare services.

3. PWDs, Patients and their Carers

- (1) To provide a subsidy for patients with visual perception disorders (squint and double vision) to receive assessments and to purchase auxiliary medical devices (including prism glasses and light-sensitive glasses); and to introduce an “allied health rehabilitation services voucher” to help such patients receive allied health rehabilitation treatment or seek assistance from occupational therapists specialising in sensory integration.
- (2) To provide a subsidy for PWDs (including non-CSSA recipients) and chronic patients, on an accountable basis, to purchase, repair and maintain medical and rehabilitation items (e.g. wheelchairs, prostheses, diapers, urinary catheters, etc.). There was also a view that the proposal of wheelchair hire services being considered by the Government was not suitable for those PWDs who were frequent users of wheelchairs.
- (3) To provide a subsidy for tetraplegic patients with a permanent stoma to hire medical devices such as respirators and in-exsufflator cough machines, while their expenditure on medical treatment and hiring carers should be considered during the means test.
- (4) To support ex-mental patients by providing them with job matching services so as to facilitate their integration into society.
- (5) To subsidise chronic patients to cope with expenses on follow-up medical consultations and dental treatment services.
- (6) To provide a subsidy for suspected cancer patients with financial needs to undergo magnetic resonance imaging scans and positron emission tomography scans.
- (7) To subsidise disabled persons (such as those with cerebral palsy) to receive dental treatment services.

- (8) To provide a subsidy for PWDs to purchase computers to improve their living standards; and to provide health care vouchers for them to receive private healthcare services.

4. Low-income Earners or Families

- (1) To provide a living subsidy, an energy subsidy and a rent allowance for grassroots families residing in rented inadequate housing (e.g. sub-divided units and squatter huts) or the homeless. There was also a suggestion that sub-tenants who were unable to produce utility bills for water, electricity and sewage discharge could not enjoy the relevant special grants under the CSSA. Hence, it was suggested that an energy subsidy should be provided under the CCF.
- (2) To provide a subsidy and transitional housing for those who have been waiting for public rental housing for years as a way to address their short-term housing needs.
- (3) If households of sub-divided units are subsidised to switch to energy-efficient electrical appliances, it is possible that only the landlords will benefit from it since some large electrical appliances (e.g. air-conditioners) cannot be taken away when the households are required to move out.
- (4) To provide grassroots women and those engaged in domestic work with a living allowance in recognition of their contribution.
- (5) To launch a pilot scheme to provide a subsidy for CSSA recipients to pay for communication and Internet access charges, as well as to receive Chinese medical treatment.

5. Ethnic Minorities

- (1) The support provided for ethnic minorities should not be ignored.

6. Other Views

- (1) To streamline the vetting procedures for various assistance programmes and lower the application thresholds.

- (2) To focus those resources for poverty alleviation on local low-income families.
- (3) To reach out to the public in the community frequently and to conduct meetings with various organisations to understand the needs of PWDs / the grassroots.
- (4) To strengthen the publicity about the purpose, positioning, target beneficiaries and assistance programmes of the CCF, as well as to formulate a plan for the coming five or ten years.
- (5) To provide a subsidy for patients' self-help groups to employ patients so as to create employment opportunities.
- (6) To provide a living allowance for workers suffering from work-related injuries and their families, and a subsidy for those workers to cope with the costs for rehabilitation treatment.
- (7) To provide an allowance for single-parent families who are being defaulted of maintenance payment so as to help them pay for the removal cost and living expenses.
- (8) To include elderly persons aged 60 to 64 as beneficiaries when considering new programmes as these persons cannot benefit from most of the existing welfare policies targeted at the elderly persons.
- (9) To invite PWDs and chronic patients or their carers to join the CCF Task Force so as to enable members to understand the difficulties faced by these individuals.