

## **Community Care Fund - Public Consultation Sessions**

### **Summary of Views and Suggestions**

The Community Care Fund (CCF) held four public consultation sessions on 21 February, 23 March, 29 March and 6 April 2019 respectively to gauge public views on the existing assistance programmes and the future formulation of new programmes. Here below is a summary of views and suggestions on the programmes from participants:

#### **Existing Assistance Programmes**

#### **1. Pilot Scheme on Living Allowance for Low-income Carers of Persons with Disabilities (PWDs) (Pilot Scheme on Carers of PWDs) and Pilot Scheme on Living Allowance for Carers of Elderly Persons from Low-income Families (Pilot Scheme on Carers of Elderly Persons)**

- (1) To lower the respective thresholds for applications under the two pilot schemes (e.g. to allow recipients of the Old Age Living Allowance (OALA) or the Comprehensive Social Security Assistance (CSSA) to submit an application on their own, and to cancel the arrangement under which the Social Welfare Department invites carers to submit an application), to expand the target beneficiaries of the programmes, to encourage the elderly to take care of the elderly / the elderly to take care of PWDs / PWDs to take care of the elderly, and to increase the quota for beneficiaries.
- (2) To incorporate the two pilot schemes into Government's regular assistance programmes; to increase the allowance amount or set two levels for allowance amount and to allow submission of applications at any time.
- (3) Regarding the Pilot Scheme on Carers of Elderly Persons, to expand the scope of allowance on a reimbursement and accountable basis from training to cover respite support (e.g. to cover the cost of placing elderly persons in day respite centres), purchase of suitable equipment, home modifications, escort service for medical consultations, and to provide respite services.
- (4) Regarding the Pilot Scheme on Carers of PWDs, to remove the application requirement that PWDs must be on the waiting lists for any specified rehabilitation services, for boarding placement service or for infirmary

service. The allowance payable should be calculated from the time when the applicant is eligible to submit an application.

- (5) Regarding the Pilot Scheme on Carers of PWDs, to target at shortening the waiting time for subsidised care services, at monitoring or improving the quality of private residential care homes and at introducing new services on emergency support (e.g. respite service).
- (6) In the light of the support to carers, to do demographic statistics on their care patterns or their needs so as to provide them with suitable assistance.

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

- (1) To expand the scope of the drugs covered by the First Phase Programme, and to disclose the procedures for selecting drugs and the allocation of additional funding.
- (2) To relieve the financial burden of patients by subsidising them to purchase expensive psychiatric drugs (e.g. Latuda and Saphris).
- (3) To relax the means test mechanism for the drug safety net, introduce a larger number of effective drugs (e.g. immunotherapy for lung cancer treatment) and reduce patients' contribution ratio on drugs.

**3. Relocation Allowance for Residents of Illegal Domestic Premises in Industrial Buildings who Have to Move out as a result of the Buildings Department's Enforcement Action programme (the Programme)**

- (1) To expand the Programme to cover residents of illegal domestic premises (e.g. rooftop structures, flat roof structures or unauthorised building works) in non-industrial buildings.
- (2) To set the income limit and allowance level to be on a par with those under the Pilot Scheme on Relocation Allowance for Beneficiaries of the "Community Housing Movement"

#### **4. Pilot Scheme on Relocation Allowance for Beneficiaries of the “Community Housing Movement” (the Pilot Scheme)**

- (1) To expand the eligibility criteria under the Pilot Scheme to cover other transitional housing.
- (2) To avoid over-reliance on non-governmental organisations (NGOs) by building more transitional housing through resumption of vacant government sites.

#### **5. Elderly Dental Assistance Programme (the Programme)**

- (1) To expand the target beneficiaries under the Programme to cover all elderly persons in Hong Kong (instead of limiting the beneficiaries to OALA recipients) and to broaden the scope of funding for dental services (e.g. to subsidise the cost of fixed dentures, filling, extraction, etc.).
- (2) To include all dentists in Hong Kong as community care dentists; to allow applicants more time to select a suitable dentist and to change a dentist; and to increase the subsidy amount.
- (3) To relax the existing requirement of allowing each elderly person to apply only once under the Programme which was considered insufficient due to the serious dental problems suffered by the elderly and the occurrence of other dental problems caused by their removable dentures every few years, and to allow multiple applications or re-application at regular intervals.
- (4) To increase the number of NGOs or district groups assisting in the implementation of the Programme, the quota for application and the manpower of NGOs, with a view to reducing the waiting time of the elderly or streamlining the application procedures (e.g. to allow making appointments by phone to free the elderly from joining the queue in person).
- (5) To remove the restriction that a full set of removable dentures should be manufactured in one go, and to allow elderly persons to use their subsidy flexibly on multiple occasions.

**6. Pilot Scheme on Home Care and Support for Elderly Persons with Mild Impairment**

- (1) In the light of inadequate household cleaning hours and insufficient meal delivery services, to increase the funded times and hours of such services, and to include the provision of new Integrated Home Care Services.

**7. Pilot Scheme on Support for Elderly Persons Discharged from Public Hospitals After Treatment (the Pilot Scheme)**

- (1) To expand the Pilot Scheme to cover PWDs and stroke patients aged 60 or below.
- (2) To enhance the promotion of the Pilot Scheme and to allow patients or their family members of all hospitals in the 18 districts to apply on their own.

**8. Pilot Scheme on Subsidy for Purchasing and Constructing Modular Housing (the Pilot Scheme)**

- (1) To extend the Pilot Scheme to other districts and to reuse the components of modular housing.

**9. Pilot Scheme on Providing Special Subsidy for Persons with Permanent Stoma from Low-income Families for Purchasing Medical Consumables**

- (1) To expand the eligibility criteria to cover persons with a gastrostomy or nasogastric tube.

**10. Special Care Subsidy for the Severely Disabled**

- (1) To grant an extra allowance to those households with a member who was receiving the Higher Disability Allowance.

## **11. Subsidy for Comprehensive Social Security Assistance Recipients Living in Rented Private Housing (the Programme)**

- (1) To raise the amount of maximum rent allowance under the CSSA Scheme and to increase the amount of subsidy under the Programme so as to benefit more people.

### **Assistance Programmes Completed**

#### **1. One-off Living Subsidy for Low-income Households Not Living in Public Housing and Not Receiving CSSA programme (the Programme)**

- (1) The Government currently did not provide any assistance for persons living in sub-divided units, and there were opinions that the launch of the Programme was not necessarily related to the rise of rent level. The CCF should plug the gaps and re-launch the Programme to relieve the financial pressure on the “N have-nots”.

### **Suggestions for New Assistance Programmes**

#### **1. The Elderly**

- (1) To implement an incentive scheme to encourage elderly persons to get employment and extend their retirement age.
- (2) After the age threshold for elderly CSSA recipients had been raised from 60 to 65, elderly persons aged between 60 and 64 are no longer eligible for the elderly CSSA. It was recommended to provide a transitional allowance under the CCF for them to cover rent, transport costs and living expenses (e.g. for purchasing disposable diapers and prescription glasses), as well as to provide them with job matching service.
- (3) To lower the eligibility requirement of all the CCF assistance programmes to benefit those elderly persons aged 60 to 64.
- (4) The existing interpersonal networks and resources in a district should be leveraged to enhance the support services for elderly persons within the

district. For example, we might provide subsidies for community service organisations or residents in the neighbourhood to offer services to the elderly, such as meal delivery, escort services for medical consultations, home care and cleaning, community nursing, assistance in identification document applications and in employing a foreign domestic helper (FDH).

- (5) To provide additional support for elderly persons living alone to employ an FDH so as to relieve the burden on carers.
- (6) To provide elderly persons living in public housing and not receiving CSSA with a subsidy to meet their expenses on household repair or maintenance not covered by the Housing Department.
- (7) To provide a one-off fall prevention support subsidy for needy elderly persons for home modifications (e.g. installing handrails or adding mattresses) and purchase of anti-skid slippers so as to minimise the risk of slipping.
- (8) To co-ordinate with community organisations so as to implement an osteoporosis screening programme and to subsidise elderly persons to receive regular bone density examinations for early prevention of osteoporosis.

## **2. Young People, Students and Children**

- (1) To provide a subsidy for eligible organisations to procure low-cost services and to run interest classes for grassroots students.
- (2) To provide a dental and eye care allowance (e.g. for purchasing prescription glasses) for children receiving CSSA.
- (3) As children living in sub-divided units were exposed to poor living environment and more prone to diseases, the CCF should provide health care vouchers for them to receive private healthcare services.
- (4) To provide an enrolment deposit allowance for young people who are about to enter tertiary institutions.

- (5) To provide a subsidy for kindergarten and secondary school students, who had not benefited from the School Dental Care Service of the Department of Health, to receive private dental services.
- (6) To provide a subsidy for students who were on the waiting list for subsidised assessment of learning disabilities for more than three months to receive such an assessment from the private sector.
- (7) To provide a subsidy for children to purchase computers and pay Internet bills.

### **3. PWDs, Patients and their Carers**

- (1) To provide a subsidy for PWDs (including non-CSSA recipients) to pay the cost of purchasing or replacing medical and rehabilitation items (e.g. wheelchairs and crutches).
- (2) To provide PWDs with health care vouchers to receive private healthcare services.
- (3) As there was a serious shortage of dental services available to adults with intellectual disabilities or PWDs in the community, the CCF should explore ways to help them.
- (4) A small-scale fund should be set up to provide a subsidy for NGOs and district neighbourhood organisations to support mentally incapacitated persons (e.g. mentally handicapped persons) and their families with aged parents or parents with disabilities so as to help them cope with emergency situations such as unexpected accidents and illnesses.
- (5) To provide a subsidy for needy PWDs to rent gerontechnology products or rehabilitation aids.
- (6) To provide a subsidy for PWDs living in self-financing residential homes with a view to encouraging them to reduce their reliance on government-funded residential care homes.
- (7) To provide a subsidy for PWDs to attend post-secondary courses.

- (8) To implement a pilot scheme on lung cancer screening to facilitate early identification of such patients and reduce the pressure on the healthcare system in the long run.
- (9) To provide ex-mentally ill persons with job matching service and health care vouchers.

#### **4. Low-income Persons or Families**

- (1) The Government should impose controls on utilities (water and electricity) and rents to prevent overcharging. The CCF should provide maintenance grants as well as subsidies on energy (e.g. water, electricity and gas) and rent for grassroots families living in unfit dwellings (e.g. sub-divided units, rooftop structures and flat roof structures).
- (2) Families living in rented sub-divided units should be provided with an extra medical subsidy. In addition, as households of sub-divided units were required to move frequently, the CCF should provide them with a removal allowance.
- (3) To provide those who had been waiting for public rental housing for over three years with a subsidy.
- (4) To provide grassroots women with support (e.g. dental grants, cash allowance and childcare services).
- (5) To provide carers who did not receive any financial assistance with an additional career allowance.
- (6) To provide the “N have-nots” with other non-monetary assistance (e.g. helping them solve problems about tenancy, insufficient living space, etc.).
- (7) To provide divorced low-income women with low income or not receiving maintenance with support (e.g. legal aid, emergency cash allowance, unemployment-related assistance and removal allowance), and to provide assistance to needy divorced women to recover maintenance payments.



## **5. Other Views**

- (1) As roofs of rooftop or flat roof structures were susceptible to being blown during typhoons, the CCF should provide emergency aid to families affected by natural disasters.
- (2) To provide support to households of old buildings without owners' corporations or mutual aid committees for solving problems of building management, public hygiene and security.
- (3) To set up a fund to help the newly-established NGOs.