For Discussion
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Legislative Council Panel on Welfare Services

Policy Initiatives of
Health, Welfare and Food Bureau (HWFB)

Purpose

The 2004 Policy Agenda just issued lists the Government's new and on-going initiatives over the next three and a half years. This note elaborates, where applicable, on the initiatives affecting the Bureau in the 2004 Policy Agenda. Where necessary, it also gives an account on the position reached on initiatives relating to welfare services covered in the 2003 Policy Agenda.

2004 Policy Agenda

Caring and Just Society

Mission and Vision

2. The Health, Welfare and Food Bureau is committed and accountable to building a caring and healthy society. In our future, we see a community celebrating their rich diversity and recognizing the different strengths of each individual. Family solidarity and a network of mutual care, trust, support and reciprocity embraces all individuals and nurtures their healthy development. Policies and systems of health care, social, food safety and environmental hygiene and a safety net are in place to enable and enhance everyone's participation in economic and social life with dignity and self-reliance.

Goals

3. To fulfil our mission and vision, we aim to achieve the following goals -

- Protect and promote the health of the community
- Assure the safety and quality of our food and provide quality environmental hygiene services
- Recreate a health care system which provides lifelong holistic care, while being affordable and financially sustainable
- Provide care and assistance for the physical and psychosocial well-being of the elderly
- Assist the disadvantaged, the poor and the unemployed with an emphasis on enhancing, not impeding, their will to self-reliance
- Promote the well-being and interests of people with disabilities
- Enable women to fully realise their due status, rights and opportunities in all aspects of life.

4. Our mission is to enhance the well-being of every member of the community to build a healthy and caring society. The changing local landscape and the lessons learnt from recent challenges have led us to undertake strategic reflections to re-affirm our directions. With an ageing population, rapid globalization and economic restructuring, and the persistent threat of new and emerging infectious diseases to public health, sustainable social development must be a key goal of our health and welfare policy. We recognize that our policy must take on a broader perspective, by taking a balanced approach to development that will simultaneously address the human, social, natural and physical dimensions and inclusive of broader partnership base. Individuals, families and communities, as well as professional and business sectors, must all be engaged in exercising our social responsibilities for strengthening the health and social fabric of our society. We must take a social investment approach in building a more inclusive and participatory society through investing in capacity building of personal and community capabilities.

5. We recognize the need to work within the confines of resources generated by a low tax based regime. In pursuing our mission, our policies need to be fair within generations, equitable between generations and sustainable across generations. Our objective is to expand capacity, extend partnerships and build consensus. In this connection, we would invest in our human capital and develop our infrastructure to help individuals to strengthen their personal assets both in terms of their health and life skills.

6. Health is a personal resource that also affects our collective community well-being. The protection and maintenance of health is therefore a personal responsibility. Individuals should take more responsibility for their own health, through more active involvement in decisions and investments in their health. This includes ensuring that one observes a healthy lifestyle, educates oneself on food safety and nutritional value as a consumer, develops habits in keeping the environment clean, takes preventive measures and seeks appropriate care when required, and contributes towards making the systems sustainable.

7. We are aware that Government efforts alone have never been adequate in bringing about social and health changes and ensuring well-being for all. We aim to create an environment in which all people are provided equal opportunities to develop their potential to the full thereby enabling them to take responsibilities for themselves and to participate and contribute to our economic and social life. Our approach is about creating the conditions for people/communities to maximize their potentials/capabilities, with the Government acting as an enabler, a supporter and a facilitator.

8. On the health front, the Government will ensure quality, equitable, efficient, cost-effective and accessible health care systems and to organize the infrastructure for coordinated health care delivery through an interface of public and private systems (e.g. in areas of common treatment protocol, information sharing, product differentiation and new health care products). We need to target subsidies to ensure that we will offer protection to the community from significant financial risks that may arise from catastrophic or prolonged illnesses and avail affordable quality care to the disadvantaged in our community. As the World

Health Organization puts it, for every Government, it means establishing the best and fairest health system possible.

9. Health and food safety are inextricably linked. On the safe food and clean environment fronts, public health protection should always take precedence. We will ensure a comprehensive and integrated approach in food chain management (i.e. the feed to table policy) by putting in place the necessary infrastructure; a coherent, effective and dynamic food policy on the basis of scientific evidence and risk analysis (e.g. drawing up standards and ensuring compliance through enforcement); and enhancing private-public partnership and participation by stakeholders during the process. While legal and regulatory frameworks are necessary instruments of last resort to ensure and raise standards and provide necessary safeguards, effective protection for public health can only be achieved through the concerted actions from all parties, collaboration across sectors and shared responsibilities between the sectors and the general public.

10. On the social welfare front, we aim to take the approach of helping people to help themselves, focus on maximizing their potentials, extend our tripartite relationships with the third sector as well as with the corporate sector in furthering the exercise of corporate social responsibilities.

11. Society is made up of individuals, families, communities and social institutions. Changing times will naturally test the capacities of these groups to cope and take control. The ability of individuals to maximize their own potentials, take possession of their own lives and work to strengthen their life skills and build up their capacity will be vital to coping with changing circumstances and life demands. The ability of the family to provide nurture and care, and be the haven for individuals at times of need is important and needs to be supported. The existence of informal mutual help and collaboration networks in the community forms the basis of a vibrant and inclusive society.

12. Government acts as the facilitator in the process of capacity building for all levels. In this connection, we must shift from the "service provision" approach to a "social investment" concept and

approach. Under the “social investment” approach, we would strengthen the capacities and capabilities of individuals, families and communities, and foster self-help, mutual help, networking and support, and encourage giving in terms of donations and volunteerism, as well as promote active and healthy ageing and rethinking how our community can better support our elderly people. Our social programmes will need to be re-oriented from the current model of encouraging passive recipients of resources and services to those that involve people in active learning and problem solving, which would help instill in them self-esteem, self respect and a sense of control. Such paradigm shifts would encourage self-reliance and self-betterment so that they can become productive, participative and contributive members of a more inclusive society, and build up our human capital and social capital and strengthen intergenerational solidarity and cohesion at the societal level.

Initiatives

Care for Elders

Promoting Active and Healthy Ageing

13. Promoting active and healthy ageing is an integral part of helping the aged to strengthen their personal assets. In line with the recommendation of the Task Force on Population Policy, we will continue to work with the Elderly Commission (EC) to promote active and healthy ageing. We will consider mounting a publicity event in 2004 to share the experience of the three-year Healthy Ageing Campaign started in 2001 and to promote the concept of active ageing. We will also assist EC to network with different sectors, and consider conducting research on ageing issues to support its work in promoting active ageing.

Phasing Out Subsidized Self-Care Hostel and Home for the Aged (HFA) Places

14. To help target resources for residential care at elders whose care needs cannot be adequately taken care of at home and who require assistance in the provision of residential care, the Social Welfare Department (SWD) is in the process of formulating an implementation

plan to phase out existing self-care hostel and HFA places for consultation with parties concerned. As background information, SWD has completed a review of cases on the waiting lists for self-care hostel and HFA places to ascertain the genuine welfare needs of the elders concerned and match these elders to appropriate services. As at 30 November 2003, the number of elders on the waiting lists for self-care hostel and HFA places was 2 258, which represents a drop of 54% from the figure in end December 2002. During the case review, some alternative support is provided as needed and applicants withdrew their applications resulting in a drop in figures.

Accreditation System for Residential Care Homes for the Elderly (RCHEs)

15. The two year pilot project on the development of an accreditation system for RCHEs in Hong Kong, conducted by the Hong Kong Association of Gerontology (HKAG), has been implemented on schedule for completion by mid 2004. Two batches of pilot assessments were conducted in 2003. The first conducted in April and May 2003 involved two subvented RCHEs, one subvented nursing home, one self-financing RCHE and four private RCHEs. The second batch commencing in late July 2003 covered nine subvented RCHEs, one self-financing RCHE and 19 private RCHEs. The assessment instrument and process are being fine-tuned taking into account the experience gained from the pilot assessments. In 2004, we will consult relevant parties including the EC and the Legislative Council Panel on Welfare Services on HKAG's findings and recommendations.

Visiting Medical Officer (VMO) Scheme

16. Based on experience gained during the SARS epidemic, suitable VMOs have been appointed by the Hospital Authority (HA) as part-time doctors in October 2003 for a period of one year to manage residents with chronic stable diseases and their subacute episodic illnesses so as to reduce their incidences of hospital admission. HA's Community Geriatric Assessment Teams (CGATs) will provide the necessary support to these VMOs who play a major role in medical surveillance and monitoring of infection control in RCHEs. This VMO/CGAT

collaborative scheme will cover almost all RCHEs. We will keep in view this experience in our deliberation of a long term model of VMO/CGAT collaboration in RCHEs.

Review of Infirmary Care

17. In the light of the various developments in the support for frail elders in a non-hospital setting in recent years and having regard to the useful experience gained in the temporary transfer of some 155 medically stable infirm elderly patients from hospitals to RCHEs operated by non-governmental organizations (NGOs) during the SARS epidemic, we are reviewing the provision of infirmary care including the feasibility of providing such care in a non-hospital setting to achieve continuum of care for elders in the long term care system and cost effectiveness.

Fee Assistance Scheme (FAS)

18. We aim to develop an FAS to allow frail elders to have more choices and flexibility in using residential care services. We have carried out the first stage of consultation on the general concept of FAS with the EC, LegCo Panel on Welfare Services, NGOs, private operators and District Councils. The concept is generally well supported. The next step is to discuss to further develop on individual aspects such as basis for means testing, co-payment mechanism, level of subsidy, involvement of and funding mode for NGOs in consultation with the parties concerned. Given the complexity of the issues involved, we will adopt a step-by-step approach involving stakeholders as appropriate in our deliberation process.

Welfare Services

Engage the Third Sector in the Deliberation of their Roles in Social Investment

19. On the social welfare front, we see a need to re-focus on the ‘social investment’ concept to strengthen the capacities and capabilities of individuals, families and communities, and foster self-help, mutual help, networking and support, and encourage giving in terms of donations

and volunteerism. Such paradigm shifts would encourage self-reliance and self-betterment and facilitate economic and social inclusion and integration at the individual level; and build up our human capital and social capital and strengthen cohesion at the societal level.

20. As a start, we would engage the Third Sector (i.e. groups which are non-government and non-business) in deliberation of their roles in social investment. The Third Sector involves not only the NGOs in the conventional sense, but also organizations such as community and professional groups. The corporate sector also has an important role to play as corporate volunteering and corporate community involvement projects are beginning to take root. There is scope for capacity building and we would also engage the corporate sector in the process. In the coming year, we need to put greater efforts into building the tripartite partnership between Government, the third sector and the business community. The seeds for such partnership have been sown by initiatives in the social welfare sector to encourage volunteerism and business sector participation and when we first set up the Community Investment and Inclusion Fund in 2002. The Fund has been operating effectively in the past year in mobilizing local resources and drawing together different facets of the community in joint efforts to build up social capital. In consultation with the Social Welfare Advisory Committee and the Community Investment and Inclusion Fund Committee, we will examine how best to further develop this tripartite partnership, consolidate and facilitate the work of these initiators, with a view to having these concepts taken root in the community. In particular, I will encourage greater involvement from the business, corporate and professional sectors to partner with the Government and the Third Sector in furthering their corporate social responsibilities. We aim to foster firm and trusting partnerships between the Government, the Third sector and the business community for our social good.

Trust Fund for Severe Acute Respiratory Syndrome (SARS)

21. To assist the needy affected by the SARS epidemic of March to June 2003, the Government established a $150 million Trust Fund for SARS in November 2003. The Trust Fund provides special ex-gratia relief payments or financial assistance to the families of the deceased

SARS patients as well as eligible recovered SARS patients and eligible 'suspected' SARS patients treated with steroids. Up to end December 2003, we have received a total of 594 applications involving 266 deceased cases and 328 applications from recovered SARS patients. A total of 188 applications at $64.6 million have been approved. We will continue to oversee the operation of the Trust Fund in 2004.

Well-being and interests of people with disabilities (PWDs)

22. To achieve our goal of full integration of PWDs into the community, we will implement a project to facilitate the development of PWDs in arts and cultural fields. With the sponsorship of $27.7 million from the Hong Kong Jockey Club Charities Trust, we have started preparatory work to launch a series of training programmes and activities in the next five years starting from 2004 to promote the interest of PWDs and their development in arts and culture. We envisage that about 47 000 people with disabilities will benefit from this 5-year project.

Effective and Sustainable Safety Net

23. We will keep our social safety net, in particular the CSSA Scheme, under review to ensure that we have an effective and sustainable safety net to assist the financially vulnerable. Specifically, we will -

- in line with the recommendation of the Task Force on Population Policy that a seven-year residence rule should be adopted for the provision of heavily subsidized social services, implement new residence requirement for CSSA, Disability Allowance (DA) and Old Age Allowance (OAA) applicants from 1 January 2004. All applicants will have to have had at least 7 years of residence in Hong Kong, and at least one year of continuous residence prior to application. Those who have become Hong Kong residents before 1 January 2004 will be exempted from the 7 years residence requirement, while children under the age of 18 will be exempted from any prior residence requirements. The Director of Social Welfare will continue to exercise discretion in waiving the residence requirements for CSSA

in cases of genuine hardship; and

- implement the second phase adjustment of CSSA standard rates for non able-bodied recipients in October 2004 in accordance with the decisions approved by the Finance Committee in April 2003.

24. We attach importance to individuals who can work to enhance their capacity for self-reliance and self betterment. We will further examine how to help poor people elevate themselves, and to improve their economic situation through sharing the opportunities that arise from social development.

Progress Report on Implementation of 2003 Policy Initiatives

Caring and Just Society

25. In January 2003, Members were informed of HWFB's new initiatives on welfare services, care for elders, and well being of people with disabilities in the Legislative Council Panel Paper entitled 'A Caring and Healthy Society'. The progress of those initiatives is set out below.

Care for Elders

Promoting Active and Healthy Ageing

26. We have continued to assist the EC to run the three-year Healthy Ageing Campaign launched in 2001 under four strategic directions: promoting personal responsibility, strengthening community action, creating a supportive environment, and improving the image of ageing. The Campaign comprises centrally organized public education and publicity activities and a Community Partnership Scheme (CPS), and is supported by a grant of $21 million from the Hong Kong Jockey Club Charities Trust. In 2002-03, a series of major public education and publicity activities took place.

27. Regarding the CPS, which encourages different sectors in the community to organize healthy ageing programmes, a cumulative total of

53 projects covering a wide range of activities, including health promotion and training, IT education, bird-watching, gardening, organic farming, inter-generational harmony, etc., have been supported by the EC at a cost of $9.41 million. In 2002-03, eight projects at a cost of $3.7 million have been supported, including an 18 district Arts Promotion Programme for elders jointly organized by the EC, the Hong Kong Arts Development Council, the 18 District Councils and SWD. An interim evaluation showed that the CPS projects have been successful in encouraging inter-sectoral collaboration between sectors which are less familiar with ageing issues with the EC and other NGOs, increased their understanding of ageing and of older persons' capability to stay active and learn new things. Elderly participants who took part in the activities also responded positively to the activities.

28. To follow up on the discussions from the Symposium in June 2002, the EC has advised that work on healthy ageing should progress naturally to active ageing, in line with international development. To further promote work in this regard, the EC has set up a Task Group on Active Ageing (TGAA) to consider in more detail work relating to active ageing. To focus its work, TGAA has identified four priority topics for consideration, namely: lifelong learning; financial security, retirement and work practices; intergenerational solidarity; and transportation/built environment.

Developing a Sustainable Financial Support System for Elders Most in Need

29. We have been reviewing the current social security arrangements for needy elders in the context of the three-pillar approach recommended by the World Bank. We have put in place since December 2000 one of the two mandatory pillars, the Mandatory Provident Fund Scheme. As regards the second mandatory pillar of a compulsory public plan for poverty alleviation and prevention, we have been reviewing the current social security schemes for elders, which are funded entirely from the general revenue, in view of the ageing population and the overall fiscal constraints. Our objective is to develop a long-term sustainable financial support system that better targets resources at elders most in need. In view of the complexity of the issues, we are conducting

internal research with a view to developing the framework for further consideration.

Providing Single Point of Entry for Subsidised Long Term Care Services

30. Since the end of November 2003, SWD has implemented a centralized registration system for both subsidized residential and community care services provided under the social welfare system. This new system has streamlined registration and allocation procedures and elders will no longer need to approach different agencies to waitlist on different queues for different services. Appropriate services will be assigned to elders in accordance with the care needs as assessed by the standardized care need assessment tool.

Ageing at Home

31. We have re-engineered a range of community support services. Since April 2003, the upgraded centres including District Elderly Community Centres and Neighbourhood Elderly Centres have been providing expanded functions such as carer support service, volunteer movement, and promoting life-long learning and healthy ageing, to serve elders and carers living in the community. In addition, 1 120 places have been created in the new Integrated Home Care Services Teams to serve frail elders. This is in addition to over 2 100 places under Enhanced Home and Community Care Services providing tailor made home and centre-based services to frail elders living in the community. Moreover, we have created an additional total of 220 places since April 2003 in 35 day care centres for the elderly through an in-situ expansion exercise to take care of frail elders and elders with dementia.

Providing Quality Residential Care

32. The Government announced in July 2003 a new scheme to encourage provision of purpose-built RCHE premises in new private developments. Under the scheme, eligible RCHE premises will be exempted from payment of premium in respect of land transactions relating to lease modification, land exchange and private treaty grant as long as the developers are willing to accept incorporation of certain lease

conditions so that control measures to ensure the delivery of RCHE premises can be imposed. The scheme has sent a clear message that the Government continues to accord importance to the private sector's role in the provision of quality residential care places.

33. In parallel, the Government will continue to select suitable operators for its purpose-built RCHE premises through competitive bidding by NGOs and the private sector as applicable. As at December 2003, contracts for six RCHEs were awarded with a total of 574 subsidized and 283 non-subsidized places providing continuum of care up to nursing level.

Supporting Family Carers

34. It is Government's policy to assist elders to age in the community as far as possible and to enable families to take care of elders aging at home. Various elderly units provide a range of carer services including information dissemination, training, emotional support and respite services. Since 2001-02, all newly established day care and residential elderly service units have incorporated carers support service as one of their service components. In addition, in re-engineering community support services for elders, all new District Elderly Community Centres, Neighbourhood Elderly Centres and Integrated Home Care Services Teams will also provide carers support service as part and parcel of the components as from April 2003. Respite services, including day respite and residential respite services, have been strengthened and included in all newly set up residential care homes, as well as home and community care services to provide temporary relief to carers since 2001-02. Academic institutions such as the University of Hong Kong, Government departments such as SWD and Department of Health, and other organizations such as HA also provide training to both formal and family carers.

Providing a Supportive Environment for Vulnerable Elders

35. On the prevention and handling of elder abuse, two NGOs commissioned in 2001 to run two three-year pilot projects to provide community education, volunteer training and direct services on elder

abuse have continued with their work. As at the end of September 2003, a total of 621 community education programmes, and over 46 sets of resource/training materials for the public as well as professionals have been provided. In addition, over 1 000 trained volunteers have participated in visiting services/programmes against elder abuse. 184 suspected elder abuse cases were handled by the two NGOs. Furthermore, another NGO started a two-year project in February 2002 to conduct a research on elder abuse in Hong Kong, and set up an infrastructure which includes a multi-disciplinary protocol and a computerized registry on elder abuse cases. Work is on track. The experiences and information gained from these pilot projects will be useful to us in better tackling the problem of elder abuse.

36. To step up suicide prevention efforts on elders, HA has set up a total of seven elder suicide prevention teams to provide territory-wide service. HA is also organizing training programmes for doctors and health care professionals on elder suicide prevention with a cumulative total attendance of around 4 250 since August 2002.

Social Welfare Services

Child Adoption

37. The Adoption (Amendment) Bill 2003 which seeks to improve local adoption arrangements and give effect to the Hague Convention on Protection of Children and Cooperation in respect of Intercountry Adoption was introduced into the Legislative Council on 18 June 2003. A Bills Committee has been formed to scrutinize the Bill.

Operating the Community Investment and Inclusion Fund

38. The $300 million Community Invesment and Inclusion Fund was set up in 2003 to pioneer a different approach to meet community needs through investment in capacity building of individuals and support network of the community, as against the conventional professional service provision approach. Work on processing applications and permeating the concepts behind the Fund (of self-help and mutual help etc.) are equally essential in operating the CIIF.

39. In 2003, among the first two batches of 411 proposals received, a total of 31 projects involving allocation of $23.1 million were approved. By November, 63 applications have been received in the third batch and they are being processed. On the concept sharing front, 15 in-depth briefings involving over 1,685 attendees from around 1,086 organizations were held in 2003. A major inaugural experience-sharing forum was also organized in October 2003 for the international and Mainland expert speakers and Fund recipients to disseminate the social capital concepts.

40. The first batch of approved projects are progressing well with some demonstrated changes in the attitudes, capabilities and networking of the participants. There is also a greater understanding within the community on the concepts, in particular the capacity building principle, promoted by the Fund.

41. In 2004, we will seek to accelerate the impact of the Fund by, among others, replicating successful projects in other districts after adaptation and piloting projects to engage NGOs or local organizations to act as change agents in selected districts. Publicity will also be further enhanced.

Integration of Family Services

42. Under a child-centred, family-focused and community-based approach, the new service delivery model seeks to provide better support for families through a continuum of preventive, supportive and remedial services provided by the Integrated Family Service Centres (IFSCs). The two-year pilot scheme of 15 IFSCs in 13 districts was introduced in April 2002, with an in-built evaluative study of the new model. In May 2003, the consultants commissioned to conduct the study submitted an interim report showing the positive outcomes of IFSCs. The new integrated model was found to be more user-friendly and effective than the traditional service delivery mode. The positive outcomes reported included better accessibility, more reaching out to at-risk families, holistic support through a package of integrated services, improved partnership and enhanced participation and satisfaction of users.

43. With Members' support at the LegCo Panel meeting on 10 November 2003, SWD has started preparation for the transformation of all Family Service Centres into Integrated Family Service Centres, with a view to working out a blueprint for the entire re-engineering exercise by April 2004.

Enhancing youth services through an integrated and holistic approach

44. SWD has also made good progress in various measures to enhance youth services through an integrated and holistic approach. The formation and modernization of Integrated Child and Youth Services Centres (ICYSCs) have been expedited. In 2003, a total of 16 ICYSCs have been formed, bringing the total number of ICYSCs to 131. The modernization work, which aims to upgrade the facilities of ICYSCs to attract the contemporary youth, has progressed well with funding approval given to a total of 34 ICYSCs from 17 Non-Governmental Organizations so far. The work of these ICYSCs is expected to be completed by 2004-05.

45. To strengthen our efforts in identifying the developmental needs of young people at an early stage, SWD extended its invitation for applications for the primary preventive programme called Understanding the Adolescent Project (UAP) to all secondary schools in 2003. A total of 308 schools participate in 2003-04. An evaluation study completed in April 2003 has confirmed that UAP is generally effective to improve the resilience of students.

46. The various services for youth at risks, including overnight outreaching services for young night drifters, late-night activities at indoor recreation centres managed by the Leisure and Cultural Services Department, and the all-night drop-in centres are well-received. Besides, with the raising of the minimum age of criminal responsibility from 7 to 10 in July 2003, SWD has enhanced its support to unruly children and young offenders by strengthening referrals of professional support services, and introducing formalized Family Conferences to assess the needs of the juveniles for formulation of follow-up action plans by all relevant professionals and family members.

Enhance employment of PWDs by encouraging their self-reliance and providing them with employment services and vocational training

47. With seed monies granted under the Small Enterprise for Employment of PWDs Scheme, 19 business projects benefiting 200 PWDs have been set up. In addition, on-the-job training programmes benefiting 1080 PWDs over a period of three years have also been launched.

To improve the accessibility of buildings and related facilities and roads for PWDs

48. A number of measures to enhance accessibility have been launched in 2003. Improvement works including provision of drop-kerbs and installation of audible traffic signals at pedestrian crossings, modification of Government premises and facilities are being carried out. The works are in good progress. A comprehensive review of the 'Design Manual: Barrier Free Access 1997' has commenced. The revised guidelines for barrier free access are expected to be ready in 2004.

Rates Adjustment

49. To ensure the availability of an effective and sustainable safety net, particularly through the CSSA Scheme, to meet the special needs of individuals or families who cannot support themselves financially because of various reasons, we obtained approval from the Finance Committee in April 2003, through the 2003-04 Estimates, to adjust the standard payment rates for CSSA and the DA of the Social Security Allowance (SSA) Scheme downwards by 11.1%, in line with over adjustment in inflation and continued deflation recorded up to March 2002. The proposed adjustments were made in accordance with the established mechanisms. The OAA under the SSA Scheme will remain frozen. The adjustments were to return the buying power of these benefits to their originally intended level, and were taken to ensure that non-contributory social security would be within our means in view of a rising demand on CSSA.

50. Adjustment for able-bodied CSSA recipients and DA recipients was effected on 1 June 2003. For non able-bodied CSSA recipients (including the elderly, ill-health and the disabled), the adjustment will take place in two phases so that they will have a longer cushioning period to adjust their spending pattern. The first phase adjustment for non able-bodied CSSA recipients was made in October 2003, while the second phase adjustment will take place in October 2004. Despite the deflationary adjustment, approved CSSA provision for 2003-04 is $17.03 billion, representing an increase of 5.1% over the 2002-03 revised estimate of $16.2 billion. It is likely that supplementary provision is required to meet the increased expenditure on CSSA.

Support for Self Reliance

51. To help able-bodied unemployed CSSA recipients to regain self-reliance, we have also intensified the Support For Self-reliance measures under the CSSA Scheme since 1 June 2003. We have enhanced SWD's Active Employment Assistance (AEA) Programme with more direct job matching. As at the end of October 2003, a cumulative total of 163 841 CSSA recipients have been enrolled in the AEA programme, with about 17% having found paid employment so that they can either leave CSSA altogether, or transfer to the Low Earnings category. The Community Work (CW) Programme has also been strengthened, with long term AEA participants now performing CW three days a week. We have also commissioned NGOs to implement the first round of 40 Intensive Employment Assistance Projects in October 2003 to help employable CSSA recipients and near CSSA recipients by providing them with employment assistance, as well as temporary financial aid for the latter group. The maximum level of monthly Disregarded Earnings under the CSSA Scheme has also been raised to $2,500 to provide recipients with more incentives to find and maintain employment.

Health, Welfare and Food Bureau
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