

For information

SARS Expert Committee

Social Welfare Department's Work Relating to the Prevention of the Spread of Severe Acute Respiratory Syndrome

PURPOSE

This paper reports to Members the work of the Social Welfare Department (SWD) relating to the prevention of the spread of Severe Acute Respiratory Syndrome (SARS).

BACKGROUND

2. SWD has participated actively and extensively in various aspects of work relating to SARS, ranging from promoting environmental hygiene in the welfare services units to offering assistance to individuals and families directly affected by SARS. Such actions in the Department are directed personally by the Director of Social Welfare accountable to the Secretary for Health, Welfare and Food (SHWF). We have also kept the public informed of the Department's work and efforts through Director of Social Welfare (DSW)'s attendance at press conferences held by SHWF and the Director of Health (DH), press briefing by DSW and regular updating on the SWD homepage. SWD's major involvement in the various areas are described in the paragraphs below.

GENERAL PREVENTIVE MEASURES : PROMOTION OF ENVIRONMENTAL AND PERSONAL HYGIENE

Issue of Guidelines

3. At the very outset, with the advice and input of the DH, SWD has drawn up different sets of guidelines to promote environmental hygiene and to

advise on contingency arrangements in case they have an infected case. These guidelines have been updated as necessary and are widely distributed to all service units. They are also posted on the SWD homepage for reference by all.

Support for vulnerable groups

4. To assist vulnerable groups to take precautionary measures to prevent the spread of SARS, free face masks have been distributed to them at various services units of SWD since mid-March. As at end May 2003, over 1 800 000 face masks (surgical masks) had been distributed, among which 730 000 were pre-packed in packs-of-ten-pieces and distributed freely to customers visiting SWD's social security field units; over 540 000 were distributed to elders through outreaching concern visits and some 520 000 to other vulnerable groups visiting SWD services units. Face masks would continue to be available at our service units for vulnerable families and individuals when needed. As a further help, we have obtained approval from the Treasury Branch of the Financial Services and the Treasury Bureau for SWD not to adjust Comprehensive Social Security Assistance (CSSA) payments as a result of the rates/water/sewage charges concession announced in the SARS related relief package. This is an exceptional measure and will mean that CSSA recipients may retain an estimated \$58 million for alternative use.

5. The above efforts by the Department are fully complemented by numerous district efforts in which District Social Welfare Offices (DSWO) are mobilizing community resources to organize further distribution and concern visits. These DSWOs have fully co-operated with District Councils and many local organizations. As at end-May 2003, some 35 000 and 18 000 outreaching visits have been paid respectively to 60 000 elders and 42 000 other vulnerable groups by 3 000 staff from SWD and non-governmental organisations (NGOs), and 7 500 volunteers. Community support in donations of millions of face masks and cleansing material, as well as cash amounting to \$2.4 million have also been received and distributed in the districts to address the needs of these vulnerable groups.

Support to service operators

6. To promote the good practice of temperature taking, since late-April 2003, the Department has procured and distributed 200 000 child-size face masks to Child Care Centres (CCC) for use by children; more than 4 000 ear thermometers with 2 000 000 disposable covers to all welfare service units including private elderly homes.

7. We recognize that all service units will need to spend more on such precautionary measures including the supply of protective materials to their frontline staff. With the support of SWD, the Hong Kong Jockey Club Charities Trust has allocated \$20 million as special grants to be disbursed to day service units and home-based services to provide extra resources for welfare agencies to implement preventive measures to prevent the spread of SARS e.g. purchase of extra cleansing and protective materials, recruitment of extra staff to sterilize the premises, etc. In early June 2003, a total of \$17.1 million has been disbursed to some 1 150 service units in 148 NGOs, with a grant of \$5,000 per month for a period of three months from May to July 2003 for each eligible service unit.

Improvement of environmental hygiene for vulnerable groups

8. On 23 April 2003, the CE announced a series of measures to relieve the impact of SARS on the economy. Among them, the creation of 4 500 temporary jobs for three months to provide free household cleaning service and minor repair services for elders living alone, elder couples or other vulnerable groups e.g. disabled persons, was taken up by SWD in collaboration with NGOs and/or other organisations. This initiative involves 2 500 cleaning workers and 2 000 semi-skilled workers to be engaged directly by NGOs commissioned by SWD, at monthly salary of \$5,500 and \$7,000 respectively. We expect over 100 000 elderly and vulnerable families will benefit from this package. Approved by the Finance Committee on 16 May, this \$102 million package, now named "Operation CARE", was formally launched on 31 May 2003. Currently, 42 NGOs/organisations are involved in the implementation of the package; up to the first week of June, over 70% of the 2 500 cleansing worker jobs and over 35% of the 2 000 repair works jobs have been filled.

SPECIAL PREVENTIVE MEASURES TO TARGETED GROUPS

Residential care homes for the elderly (RCHEs)

9. Frail elders in RCHEs, many of whom are frequent users of hospital services, are a high risk group for SARS, taking into consideration that elderly persons and persons with long term illness have a higher incidence of death associated with SARS. In view of this, a set of "Guidelines on the Prevention of the Spreading of Atypical Pneumonia in Social Welfare Services Unit (Residential Services)" has been issued on 25 March 2003 to all RCHEs and other residential services units, while inspection by the "Licensing Office of Residential Care for the Elderly (LORCHE)" has been stepped up especially on aspects including contingency plan with confirmed SARS case and "cohorting" arrangement for elders discharged from hospitals.

10. To ensure that RCHEs are complying with the guidelines and are paying adequate attention and efforts to prevent the spread of SARS, 185 staff of SWD from the licensing units and other offices completed a round of concern visits to 730 RCHEs during the week beginning 28 April 2003. The Chairman of the Elderly Commission also joined some of the visits. Protective materials including 90 000 gloves, 90 000 face masks and 1 600 bottles each of bleach and liquid soap were distributed to the homes. We are generally satisfied that most of the homes are well aware of the importance of environmental and personal hygiene, and are in good compliance with the guidelines issued.

11. In discussion with the DH and the Hospital Authority (HA), all parties agree that the admission of elders into hospitals should be reduced as far as possible in this critical period. Accordingly, the HA will enhance coverage of its Community Geriatric Assessment Teams to RCHEs.

Child care centres (CCCs)

12. Unlike the elders, young children have very good prognosis to recover quickly and completely from SARS. Nevertheless, the gathering of large number of playful kids with high curiosity and putting their hands on

everything makes CCCs and kindergartens warranting our special attention. To prepare for class resumption in CCCs, the following measures have been taken –

- (a) guidelines on the necessary precautionary measures upon class resumption have been issued to CCCs and uploaded to the SWD homepage;
- (b) 200 000 face masks for children, ear thermometers with disposable covers have been distributed to CCCs; 6 600 oral and anal thermometers have also been distributed to them for giving to parents to promote the practice of parents taking temperature of their children at home daily before going to the centres;
- (c) with \$100,000 donation from the Tang Siu Kin and Ho Tim Trust Fund, teaching materials on prevention of SARS suited for young children were produced and distributed to CCCs. They included :
 - 5 000 VCDs (uploaded to SWD homepage);
 - 3 000 posters;
 - 50 000 pin badges;
 - 180 000 sticker labels; and
 - 16 000 gifts donated by Disneyland Co.
- (d) a grant of \$5,000 per month for three months has been donated by the Hong Kong Jockey Club Charities Trust to each non-profit-making CCC to enhance environmental hygiene;
- (e) a briefing session for over 400 CCC operators/workers was held on 12 May 2003 to prepare them adequately for class resumption and all related arrangements, in addition, in response to the invitation of the Association of CCC of Hong Kong, a clinical psychologist from SWD gave another briefing on the psychological management of SARS on 24 May 2003; and
- (f) concern visits to all the 480 aided or private CCCs had been paid by SWD staff in the week prior to class resumption on 19 May 2003.

13. As a related issue, the Department has been meeting CCC operators to discuss their concern arising from some parents refusing to pay the centre fees. Letters have been issued to CCC operators on 28 April 2003 to explain the basis for fee charging in CCCs and to appeal to parents to pay fees; the Child Care Centre Fee Assistance Scheme will continue to be paid to parents, while the 5% subsidy, rent and rate subsidy, and other subvention items in relations to the Extended Hours Scheme and the Occasional Child Care Scheme will continue to be paid to operators. Operators are also encouraged to make use of any savings accumulated from their previous operations to tide over their cash-flow problem.

Rehabilitation Care Homes for Persons with Disabilities (RCHDs)

14. To ensure that RCHDs are complying with the guidelines and are paying adequate attention and efforts to prevent the spread of SARS, 66 SWD staff members were mobilized to complete a round of concern visits to 175 RCHDs from 22 to 26 May 2003. Protective materials including 24 000 surgical masks, 1 900 bottles of sterile alcohol spray, 150 ear thermometers with disposable covers and 1 000 copies of a set of six pamphlets on prevention of SARS and Dengue Fever were distributed. We are generally satisfied that most of the homes are well aware of the importance of environmental and personal hygiene, and are in good compliance with the guidelines issued.

ASSISTANCE AND SUPPORT TO SARS PATIENTS AND THEIR FAMILIES

A network of assistance

15. Being a member of the medical care team, the medical social workers ¹ (MSWs) in public hospitals are social workers at the forefront who provide psychosocial support to SARS patients and their families. Backed up by SWD's network of over 42 family services centres (FSCs) and a dedicated team of over 40 clinical psychologists (CPs) in the community, MSWs take the lead to --

¹ There are 483 MSWs in public hospitals/clinics, around 353 of them are SWD staff, the rest are employed

- (a) provide immediate counselling and assistance to SARS patients in hospitals to help them handle/overcome their fears and anxieties towards the disease;
- (b) serve as a link between the patient in hospital and his/her anxious family members – many of whom are under home confinement themselves;
- (c) render grief counselling to family members of deceased SARS patients, with special attention given to young children who have lost one or both parents;
- (d) provide urgent financial assistance to SARS patients and their relatives under the Department's Subhead 157 Assistance to patients and their families, including grants to meet burial expenses;
- (e) make discharge arrangement for patients who, for one reason or another, cannot return home upon discharge; and
- (f) refer patients and their families to other services units for necessary assistance, e.g. arrangement of child care without carer support upon their parents' admission into hospital.

16. Social workers from FSCs provide counselling services including grief counselling, and other necessary assistance to persons/families affected by SARS. All children whose parent(s) died of SARS are being closely followed up by social workers. Those who require psychological assessment or treatment are referred to CPs for their expert intervention. As at 6 June 2003, the CPs of SWD have been providing treatment service for 32 SARS related cases, of which 8 involved death of family members due to SARS.

Special facilities for discharged SARS patients

17. To support children or elders without adequate support upon hospitalization of their carers, SWD has re-opened its facilities at the Wai Yee

Hostel (WYH) to provide transitional residential placement. Up to 10 June 2003, a total of 15 persons (11 children, three adults and one elder) have been cared for in WYH.

18. For discharged SARS patients who are capable of self-care but due to various reasons (e.g. psychological reasons, crowded living environment) cannot return home immediately upon discharge, arrangements have been made for them to have temporary residence at the Helping Hand's Cheung Muk Tau Holiday Centre for the Elderly. Up to 10 June 2003, 25 discharged SARS patients have been admitted to the Centre.

Support to families in isolation/home confinement

19. SWD oversees the provision of both tangible and psychosocial support to people placed under confinement initially at the holiday camps and subsequently in their own homes. The array of support includes delivery of meals, provision of daily necessities, child care arrangement, emergency financial assistance, and psychological support/intervention through hotlines. These support services are rendered by the conjoint effort of social workers and CPs of SWD, together with various staff from NGOs. Up to 10 June 2003, SWD has served 884 persons in 342 households under home confinement, representing about 70% of all home confinement cases. In addition, 725 applications for the "Emergency Financial Assistance Scheme for Prevention of the Spread of SARS" involving \$0.6 million have been approved.

Financial assistance to SARS patients and their families

20. SWD provides urgent financial assistance out of public funds to assist SARS patients and their families. Besides the above-mentioned prompt financial assistance to persons who are identified to be close contacts of SARS patients and who are put under confinement, MSWs in public hospitals provide eligible families of SARS patients with urgent financial assistance under the Department's Subhead 157 Assistance to patients and their families, in the form of cash grants for living expenses and grants to meet burial expenses. By 10 June 2003, 69 applications for cash grants for living expenses totalling \$ 0.3

million and 100 applications for burial grants totalling \$ 1.1 million had been approved.

21. SWD has also been entrusted to administer two non-government funds, viz. the “Business Community Relief Fund for Victims of SARS” and the “We Care Education Fund” initiated by the business sector and the civil service sector respectively, and to allocate grants to eligible persons/families. The “Business Community Relief Fund for Victims of SARS” targets to provide urgent financial assistance to families of deceased SARS patients in the form of gratuity payment, and short-term grant for families of discharged SARS patients. As at 10 June 2003, 518 applications (409 applications for short-term grants and 109 applications for gratuity payments) involving \$13.9 million had been approved. The “We Care Education Fund” is a long-term education fund, to be tailored-made to provide education and related expenses for children in Hong Kong whose parent(s) died of SARS. This Fund is set up under the Director of Social Welfare Incorporated with the DSW as Trustee. An advisory committee has been set up to advise DSW on disbursements from the Fund and matters relating to the purpose of the fund. The Fund would be administered with flexibility to suit the different circumstances of each and every such child.

22. Other non-governmental sources of financial assistance available to SARS patients and their families include the “Project Blossom” set up by the entertainment sector and Ming Pao, which offers a maximum of one-year educational grant to children of recovered or deceased SARS patients; “Teacher Against SARS” set up by the education sector, which provides an emergency fund and education subsidy for teachers and their families as well as other SARS victims from the education sector to meet financial hardship due to suffering from SARS or inflicted by SARS; “Tung Wah Group of Hospitals Anti-SARS Emergency Relief Fund” which provides urgent financial assistance to individuals and families who are inflicted by SARS for meeting their basic maintenance needs. The “Temporary Financial Assistance Scheme Against SARS” set up jointly by the Community Chest, Teachers Against SARS, Social Welfare Sector Against SARS & Apple Daily Charitable Foundation is targeted for Hong Kong residents facing difficulties arising from crisis indirectly related to SARS. MSWs and social workers of family services centres of SWD and NGOs would introduce these funds to eligible individuals or families and assist them in completing the application.

OTHER MEASURES

Hotline services

23. To address the needs and anxiety of special groups and the public, 16 hotlines have been set up by various welfare agencies since the start of the outbreak. As at end-May 2003, among the 33 300 calls received, 147 00 were related to SARS. On the other hand, a special hotline for the public manned by CPs was set up by SWD on 2 April 2003 to provide crisis intervention information and arrangement for further emotional support/psychotherapy. As at 8 June 2003, a total of 176 calls were received; among which three cases were arranged for further psychological counselling and 20 cases were referred to family services centres for other assistance. Since April, the Departmental Hotline Service of SWD also received 804 calls relating to SARS. With the gradual decline in number of new cases, the number of calls to these hotlines dropped significantly since the first week of May.

Support to frontline staff

24. The Department has not overlooked the needs of its staff especially those in the frontline who may be put in direct contact with SARS patients. Protective materials, including face masks, protective gears, surgical gloves and sterile alcohol prep pads, have been provided to staff members since early April for their use according to the requirement of the specific situation. Besides issuing reminders on crisis intervention and on handling grief reactions for social workers, three large scale briefings were held on 24, 25 and 28 April, attended by some 700 staff. Psychological reactions to SARS, methods of coping, and other information on preventive measures were discussed in the briefings. In addition, CPs of SWD prepared tips on crisis management, handling of service-users' reactions to SARS, grief management etc. for frontline social workers in small group homes and rehabilitation centres. These were made available to all social workers through briefings and on the SWD Homepage. Leave or alternative posting arrangements have also been put in place for all pregnant SWD staff to address their concern.

ADVICE SOUGHT

25. Members are invited to note the contents of this paper.

**Social Welfare Department
Government of the Hong Kong Special Administrative Region
June 2003**