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LegCo Panel on Welfare Services

Services and Support for People with Disabilities

PURPOSE

This paper briefs Members on the major rehabilitation services for adults with mental/physical handicaps (MH/PH), particularly on the recent development of vocational rehabilitation services, residential services and community support services under Social Welfare Department (SWD) and seeks Members' advice on the future direction of the services.

I. VOCATIONAL REHABILITATION SERVICES

2. Vocational rehabilitation services operated or subvented by SWD include Sheltered Workshop (SW) and Supported Employment (SE) services. To enhance the employment opportunities of disabled persons, two special projects, namely the "On the Job Training Programme for People with Disabilities" and "Enhancing Employment of People with Disabilities through Small Enterprise" Project were introduced in 2001-02 and 2002-03. The Marketing Consultancy Office established in SWD to promote employment of people with disabilities in 1998 on an experimental basis with Lotteries Fund grant became a regular office since April 2001. The Office continued to enhance employment opportunities for disabled persons through innovative, effective and efficient business development and marketing approaches.

3. Details on the above respective services/projects are contained in Annexes 1-5.

Value for money (VFM) audits on Sheltered Workshop (SW) and Supported Employment (SE) services

4. SWD conducted an internal VFM audit study on SW and SE services in 2002. The study involved both financial and non-financial data in the past three financial years (1999-00 to 2001-02) on a) economy; b) methods, procedures and productivity; and c) effectiveness of the two services. The major findings and recommendations are summarized in the ensuing paragraphs (paras. 5 and 6).

Findings and recommendations

Cost comparison

5. The cost for departmental SE service was higher than subvented SE service ($2,897 per place per month vs $2,142 per place per month). Besides, the cost for SW was also higher than the cost of SE (($2,852 per subvented SW place vs $2,142 per subvented SE place).

Recommendation: *Hiving off of SWD service units*

6. NGOs enjoy greater flexibility in service delivery and achieve lower running cost. In line with its corporate objective to concentrate on core business, SWD is working out plans to hive off its sheltered workshop and supported employment places to NGOs. By April 2003, SWD will close down its only Supported Employment Unit and the Chuk Yuen (South) Sheltered Workshop.

Wastage of resources in SWs

7. There were considerable number of disabled persons enrolled in SW and SE places at the same time. This "double-enrolment" phenomenon could be attributed to the practice of "fallback" i.e. holding up SW vacancies in anticipation of the possible return of those SW trainees who have moved upward to SE. In the past three years, there was a wastage of 1 173 SW man-month, equivalent to a notional value of $3.35 million, due to

double-enrolment.

8. In the past three years, despite the satisfactory enrolment of SWs at 100.6%, the average occupancy rate was only 88.2%. Hospitalization, medical appointment, inadequate work habit, the practice of the "fallback" system, etc. were some of the reasons for the low occupancy. Again, the wastage was equivalent to a notional value of $31.3 million a year.

Recommendation: Full utilization of existing SW resources

9. To make full utilization of the resources, SWs should increase their enrolment to an average of 114% of the capacity. This would immediately help shorten the waiting time by an additional 900 clients being admitted to existing SWs.

Low mobility of SW particularly, to upward placement

10. The original service design is that SW and SE form a continuum of vocational rehabilitation services. SW is the entry point for most disabled persons and is a stepping stone to SE and finally open employment. Yet, in reality, for the past three years, only 1.3% of SW trainees (270 SW clients) had moved from SW to SE. Besides, the overall turnover of SW had been low as compared with SE (13.6% for SW vs 63.2% for SE).

Recommendation: Creation of a dual mobility system

11. It is recommended we should be more flexible regarding the entry point for vocational rehabilitation services. For example clients with higher ability should be assisted through SE and only considered for SW when they have tried SE and are found not suitable. In this way, disabled persons with high functioning level and good ability would have a greater chance to enter SE service for preparation of their open employment. As a start, professionals and service providers generally agreed that the ex-mentally ill persons could be tried first.

12. In support of the above move, education programmes should be conducted regularly for parents and frontline SW workers to help them see the advantages and value of supported and open employment for disabled persons.

Blurring of service boundaries of SW and SE services

13. A survey conducted by SWD in early 2002 found that among the 52 SWs, 38 of them in 2001-02 had provided reaching-out contract services; these outdoor contracts had contributed around 28.8% of their income, served 1 030 trainees, representing 19.6% of SW trainees of 38 SWs. These are indicative that the service boundaries between SW and SE have become blurred and that some SW trainees have the potential for SE service.

Recommendation: Formation of Integrated Vocational Services Centres

14. To better meet the vocational needs of disabled persons and to address the problems of the present compartmentalization in service delivery, low mobility between SW and SE services and the arbitrary division between the SW and SE services, we recommended that in the long run, integrated service delivery model comprising SW, SE, Skills Centres, On the Job Training Programme and Small Enterprises Project in vocational rehabilitation services should be adopted. An integrated vocational centre could have the following advantages-

(i) The vocational needs of disabled persons could be addressed in a more flexible and tailor-made manner.

(ii) Trainees could access vocational rehabilitation services at one single service point. They could move upward from the SW nature to SE nature of work or vice versa flexibly according to their functioning level and progress. Wastage arising from overlapping of services could be reduced to the minimum. Fragmentation between services and compartmentalization of needs could be minimized.

(iii) Duplication of tasks such as case intake, vocational assessment, diagnosis, case management etc. that occur at

the beginning of every service intake activity could be eliminated.

(iv) The integrated centre could deploy their resources and manpower flexibly according to the needs of trainees and economic condition of the territory.

As a first step moving towards the above direction, the control of subventions for two of five skills centres run by welfare NGOs now under the Secretary for Health, Welfare and Food will be transferred to the Director of Social Welfare from 2003-04.

15. NGO operators support in principle the model of an integrated vocational rehabilitative services centre. However, parties concerned consider it necessary to work out a more detailed operational and implementation plan and perhaps to test the new model on a pilot basis. SWD would hold a workshop to walk through with our stakeholders the concept and to seek their views on implementation issues.

II. RESIDENTIAL SERVICES

Demand for residential services

16. The provision of residential rehabilitation services for people with MH/PH has increased significantly in the last decade from 2 149 places in March 1993 to 5 676 places as projected for March 2003 (an increase of 3 527 places). Despite this increase in supply, the waiting list for residential services for people with MH/PH continues to grow during the same period, from 2 619 waitlistees as at March 1993 to 3 672 waitlistees as at December 2002 (an increase of 1 053 waitlistees). The escalating demand can be attributed to some of the following factors-

(i) While additional residential places in the early 90's mainly absorbed disabled persons who had been waitlisted for services for a long time, with the steady increase in the number of residential places, the waiting time has been gradually reduced from 6-7 years to 3-4 years now. The

shortened time as well as the improved service quality, in turn, may have induced the demand for residential placement.

(ii) The increase in demand could be due to society's improved acceptance of disabled persons and the changing aspirations of parents. Unlike the older generation who confined their disabled children at home only to waitlist them for residential care as a last resort, young parents nowadays are more ready and eager to secure services for their disabled children as an assured alternative to taking care of them at home.

(iii) The waiting list in its current format is open for parents to waitlist their disabled children based on their perceived needs. Since the present arrangement of placement is primarily on a first-come-first-served basis, this may have encouraged some parents to apply prematurely as an insurance measure.

Central waitlist system

17. The Central Referral System for Rehabilitation Services (CRSRehab) is a central waitlist system for both day and residential rehabilitation services. In the past few years, we have found that many families have declined our offer of residential placement with some indicating that they had no immediate need for the residential placement, at the time. In 1998, the decline rate was as high as 42%. In other words, close to half of clients or their family members refused offer for admission. Following our adoption of the one-offer policy in 2000 whereby all decline cases would be removed from the waiting list, the decline rate has dropped to 28%. However, we do not know how many of these are premature admissions into institutions simply for fear of losing a place. Such a phenomenon to some extent distorts the actual demand from a planning perspective and does not enable us to target services to those most in need.

Demand formula

18. For the purpose of planning residential services for people with MH/PH, the SWD applies a demand formula which was endorsed by the former Rehabilitation Development Co-ordinating Committee (now Rehabilitation Advisory Committee (RAC)) in January 1994. This demand formula adopts an accounting flow approach by taking into account data on provision, enrolment, new applications, waiting list and discharge cases. The accuracy of this demand formula depends on the stability of the data inputted. However, in reality, the provision of our services is affected by resources and progress of the capital works. Decline rate is not factored into the formula and the number on the waiting list also includes people with MH/PH who are already occupying hostel places whilst pending transfer to another institution. In short, the projection obtained from the demand formula is an indicative reference and we should be cautious in interpreting the shortfall/surplus. Currently, most of our residential services are planned in meeting about 60% of the demand calculated by this formula.

Admission criteria and process to residential care homes

19. The Administration pledged in the 2000 Policy Address that we would review the admission criteria and improve the admission process for different types of residential services. A multidisciplinary steering group, namely the Steering Group on Admission Procedures for Residential Care Homes for People with Disabilities (the Steering Group) was established to steer the review. Members of the Steering Group identified the need to develop a standardized assessment tool for residential placement. As a first step, a survey should be conducted on the profile and service needs of users and waitlistees. Subsequently, MDR Technology Ltd was commissioned to conduct this survey (the survey) with the findings and report recently completed.

Proposed future directions

Rehabilitation in the community

20. Not all people with MH/PH require residential care. Persons with mild MH or using a wheelchair can lead an independent life, with appropriate support from their spouse, siblings, relatives or friends. The MDR survey revealed that 57% of the parents of existing day service users who were not waitlisted for residential placement indicated that the disabled person was unwilling to receive residential care; 67% indicated that they did not wish to be separated from the disabled person; and 70% indicated that they were able to look after the disabled person at home.

21. On the other hand, it is recognized that a significant number of disabled persons may require residential care at some stage of their life. Indeed, the survey showed that 90% of parents of the waitlistees indicated "getting old and worried that nobody would look after the disabled person" as the reason for waitlisting their children; 72% indicated "the carer becomes physically less fit or less healthy"; and 68% indicated "enormous pressure in looking after the disabled person". However, 18% indicated that they would consider looking after their disabled children at home if adequate support was provided in the community in the form of "respite service", "emergency placement" and "escorting/ transporting the disabled person to day services", etc.

22. We will balance the need for residential placement and the need for rehabilitation in the community. With adequate community and family support, the disabled persons can live at home until a time when such support is no longer adequate to meet the level of care required by them. Provision of residential services should be a last resort based on needs, not wants.

23. It is also noted from the survey that only 5% of residential service users frequently exhibited serious challenging behaviour, while 33% of the parents of waitlistees for residential service indicated that their family life had been upset by the challenging behaviour of their children. We need to strengthen existing community support services to assist parents in handling challenging behaviour of their children.

Standardized assessment tool

24. The survey showed that 24% of the parents of waitlistees for residential service indicated that they did not require residential placement within the next five years. This tallies with the statistics on the decline rate in paragraph 17 above (i.e. 28%). On the other hand, the median age of existing residential service users was young, i.e. 35, with 29% of the users aged 21 to 30. The median age of waitlistees was only 28, with 30% of total waitlistees aged 15 to 20. The median age of their parents was only 52. This indicates that many parents may have put their disabled children on the waiting list as a contingency measure.

25. In view of the survey findings, it has been decided to devise a standardized assessment tool to ascertain the urgency of each referral and match the service need. It is relevant to note that long term care service needs of elderly persons are now assessed with the aid of a standardized tool – the Minimum Data Set – Home Care (MDS-HC). There is a need to devise a similar assessment tool for disabled persons as soon as possible.

26. A Task Group under the auspices of the Steering Group, comprising professionals from various disciplines, has been formed to develop a standardized assessment tool acceptable to various stakeholders, including rehabilitation agencies, parent associations as well as referrers. The standardized assessment tool will assess the type of service that a disabled person needs, including residential placement. As such, the standardized assessment tool is devised for the purpose of streaming and is not meant to replace the in-depth assessments conducted by professionals for the purpose of treatment. In-depth assessments can also be performed on individual service users after their admission into residential service units.

27. Families of disabled persons with no immediate need for residential service should be provided with appropriate community support services to enhance their ability to look after them. Meanwhile, pending the establishment of an assessment-based waitlist system, we will request referrers to furnish detailed justifications for priority placement commencing February 2003. In the future, we will consider putting in place a review system whereby referrers will conduct regular review of individual applicant for residential service.

Continuum of care

28. It is noted that a number of clients already residing in a particular type of residential home are being waitlisted for another type of residential home because of their improvement or deterioration in health or functioning levels. The survey also highlighted the ageing problem of residential service users. 8% of the existing users were aged 51 or above, while 23% were aged between 41-50. Any change of living environment may likely disrupt their daily living and should be avoided as far as possible. We will look into this issue more closely with a view to examining the feasibility of continuum of care, having regard to the statutory requirements of the Residential Care Homes (Elderly Persons) Ordinance, Cap 459. Furthermore, in matching clients' service needs, the Task Group will look into possible measures for the alignment of various types of residential services.

III. COMMUNITY SUPPORT SERVICES

29. A variety of welfare services are available within the community both to disabled and able-bodied persons. They include family counselling, home help service, home care service, children and youth centres, community centres, day and multi-service centres for the elderly etc.

30. Apart from the general services, special services are also provided for disabled persons and their families in the community. They include 17 social and recreational centres, five parents resource centres, emergency placement for disabled adults (four places), place of refuge for disabled children (six places) and 40 day or residential respite places.

31. Notwithstanding the above, it is fair to say that in the past decade of significant expansion of rehabilitation services, most of our resources were spent on providing and expanding residential, day training and vocational rehabilitation. The share for community rehabilitation services was comparatively less. In order to provide disabled persons and families more choices of service and to enable them to support disabled persons living in the community, we have considerably strengthened our existing services and introduced more initiatives in 2001 and 2002 to fill service gaps and to meet

the ad hoc and immediate needs of disabled persons and their families. These include-

(i) strengthening existing community support services including parent resource centres, social and recreational centres, gateway clubs etc.;

(ii) funding 38 self-help groups;

(iii) funding seven new and innovative community-based projects; and

(iv) re-engineering and strengthening home-based training and support service by means of a more intensive and flexible mode of delivering the training and support services to disabled persons and their families.

Some of these new projects are described below.

Gateway Clubs (Adults and Juniors)

32. Gateway Clubs provide leisure and recreational activities for mentally handicapped persons, with particular emphasis in providing opportunities to participate in communities in the same way as other members of society. Members of the Clubs comprise of persons, able and disabled and programmes are organized at weekends, after school or office hours. In 2001, we had provided financial support to seven NGOs to operate adult Gateway Clubs. Besides, we also supported the setting up a territory-wide network of junior Gateway Clubs for children, so that children with and without disabilities would have an early opportunity of direct interaction with each other, thereby promoting social inclusion. For 2002, Gateway Clubs had organized around 1 000 integrated programmes with 70 000 attendance to their activities. Over 3 500 disabled persons are now members of the Clubs.

Holiday care service

33. Ten NGOs have started a holiday care service from November 2001 to meet the needs of disabled students and adults during weekends, public

holidays and long holidays such as Chinese New Year, Easter, Summer Holiday and Christmas. This short-term day care service provides both physical and social care to disabled persons whose families are unable to look after them. The programme could also assist to maintain the functioning abilities of the disabled students during long school holiday. So far, the service had served 730 disabled persons with more than 100 000 service hours.

Day care service

34. Some families prefer to take care of their severely disabled family members at homes if they are provided with day care service. We have therefore introduced day care service for the severely disabled persons in Care and Attention Home for the Severely Disabled (C&A/SD). There are now five NGOs providing 30 places and 27 persons have been enrolled. Besides, some parents require a longer duration of day service for their disabled persons such as after school, or after the service hours of day centres, sheltered workshops. Starting from November 2001, extended day service, between the hours of 5:00pm to 9:30pm, is provided in two centres with 30 places. As at December 2002, there were 39 cases enrolled into the programme.

Home respite service

35. Apart from respite service provided in rehabilitation day centres and hostels, the home respite service is another form of providing short-term care in a more flexible mode, on hourly basis and in the familiar environment of the disabled persons including in their homes. Three NGOs have started the service in November 2001 and so far, 12 000 service hours were provided to 275 disabled persons. Worthy to mention is the "Rainbow Project " organized by a parent group. It has trained up some 40 home care workers to reach out to disabled persons' homes to provide care, supervision, escort, companionship etc. to relieve the carers' burden and to enrich the social life of the disabled persons. Response from service users found that such occasional care was convenient and meeting their needs. Incidentally, the project also contributes to creating jobs for the home care workers, at $50 hourly wages.

Re-engineered home-based training service

36. Home-based training (HBT) was first introduced in 1988 for

mentally-handicapped persons who were waiting for day activity centers (DACs) or SWs. There were 350 such places. To enhance this community-based service, we have vigorously strengthened HBT by expanding the existing five teams and injecting resources to create additional teams. Expenditure on this service has increased from $12.30 million to $57.07 million. The improvement include increasing the number of training places to 1 500 places, extending the training hours per place from three to 12 hours per week as well as providing occupational therapy to enhance the ability of the mentally handicapped in their daily activities. Most important of all, we are assisting 3 650 families through a support network with help-lines, immediate or outreaching support to those in need, as well as respite service and emergency placement. The re-engineered service has been renamed home-based training and support service in order to reflect its expanded function of support to families. We have now a total of 20 teams of various capacities by 15 NGOs to serve the whole territory.

37. Our overall objective is to introduce more community support services to meet the varied and diversified need of the disabled persons and their families. Moreover, such expansion is also essential to support any change in the provision of residential services. We shall monitor the performance of these new services and review them to meet changing need. Meanwhile, we will build up the repertoire and confidence of the family members and social workers in making use of community support services to assist them in providing adequate care to disabled persons living in the community.

CONSULTATION

38. We had consulted RAC on 19 December 2002 on the proposed future direction and received their general support. We shall further consult rehabilitation service operators, parents and other stakeholders to seek their views on our proposed directions and the implementation issues.

ADVICE SOUGHT

39. Members are invited to note the progress made and comment on our proposed future service direction to better support people with disabilities and their carers.

Social Welfare Department
January 2003

Annex 1

Sheltered Workshop (SW)

Objective

SW is to provide people with disabilities meaningful training in a planned and controlled environment in order to enhance their working capacity for preparing them for supported or open employment wherever possible.

Services

Programmes of SW include provision of income-generating work process, training in work habits and skills, and activities to meet developmental and social needs. SWs used to rely heavily on sub-contract jobs in the form of simple processing, finishing and assembly or sub-assembly work. In order to become more competitive in the production industry, many SWs have developed production lines such as desk-top publishing, printing, book-binding, banner production, laundry service etc. in the past few years. Owing to recent economic downturn and fading out of small production industries in Hong Kong, many SWs have also started to set up their mobile work teams in providing outdoor contractual services such as car-washing, office cleaning, leaflet distribution, etc.

Significant Statistics

Provision: (December 2002)	7 527 places in 55 SWs (SWD: 685, NGOs: 6 842)
Waiting List: (December 2002)	1,566
Enrolment Rate: (1999 to 2002)	100%
Discharge Rate: (1999 to 2002)	13%
Average income in 2001-02:	per working day: $29 range in income: $5 to $82

Annex 2

Supported Employment (SE)

Objective

. SE is a form of employment for people with disabilities which allows them to work in an integrated open setting with necessary support service and to have access to all usual benefits of having a job such as income at market rates and job security short of being given an employee status. The ultimate objective is to enable them to secure and maintain a job in open and competitive employment.

Services

SE provides job matching, job placement, on-the-job coaching and support, training and counselling to people with disabilities. The operational modes include individual placement, group approach such as mobile crew, simulated business, etc.

Significant Statistics

Provision: (December 2002) 1 870 places
(SWD: 60 places, NGOs: 1 810 places)
Waiting List: (December 2002) 183
Enrolment Rate: (1999 to 2002) 100%
Discharge Rate: (1999 to 2002) 63%

Successful Discharge Rate :

Disability group	4/2001- 3/2002
(a) Mental Handicap	47% (4/2000-3/2002) (note)
(b) Physical Handicap	39%
(c) Visceral Disability	44%
(d) Mental Illness	36%
(e) Hearing Impairment	35%
(f) Visual Impairment	40%

Note: The successful discharge rate for Mental Handicap is calculated on a 2-year basis.

% of service users gainfully employed : 57% (2001-02)
Average Income in 2001-02: per working day: $160
per month: $2,562
range in income: $2,262 to $5,010

Annex 3

On the Job Training Programme for People with Disabilities

Objective

As part of the 2001 Budget package to provide better care for people with disabilities and aiming at promoting their employment, a provision of $22.5 million was injected to pilot the "On the Job Training Programme for People with Disabilities" (the Programme) to serve 1 080 people with disabilities on a 3-year basis. The Programme aims at enhancing the employment of people with disabilities through proactive training, market driven and placement-tied approach, and also encourages employers to offer job opportunities for people with disabilities.

Services

The Programme includes counselling and training, job matching, job attachment, job trial and no less than 6 months' post-placement service. During the job attachment period, an allowance of $1,250 per month for a maximum of 3 months will be paid to the participants who have achieved no less than 80% attendance per month. Furthermore, as an incentive to employer, a wage subsidy will be paid to the private sector employers providing job trials at a rate of half of the wage given to the worker or $3,000 per month, whichever is the lower, for a maximum of three months. The Programme is now operated by 14 NGOs offering a capacity of 360 places w.e.f. October 2001.

Significant Statistics

Major achievements of the Programme during its first year of operation (from October 2001 to September 2002) are summarized as follows :

	No.	%
No of participants admitted	450	125% (Note 1)
No. of participants with job attachment	209	46% (Note 2)
No. of participants with job trial	73	16% (Note 2)
No. of participants with permanent job	184	41% (Note 2)
Average monthly salary of permanent job	$4,000 (Note 3)	N/A

Note 1: Percentage against the funded places of 360.
Note 2: Percentage against the no. of participants admitted.
Note 3: The monthly salary earned by participants in permanent job ranged from the lowest of $800 (part-time job) to the highest of $10,800.

Others

SWD will conduct a mid-term review in early 2003-04.

Annex 4

"Enhancing Employment of People with Disabilities through Small Enterprise" Project

Objective

A commitment of $50 million was approved by LegCo Finance Committee in 2001 for the "Enhancing Employment of People with Disabilities through Small Enterprise" Project (the Project). The Project is to enhance the employment of people with disabilities through direct creation of jobs for them.

The Project

The Project provides seed money to NGOs to create small businesses with the condition of employing no less than 60% of the total number of persons on the pay-roll who are people with disabilities. The Project thus creates opportunities for people with disabilities to enjoy genuine employment with employer-employee relationship in a carefully planned and sympathetic working environment.

The maximum amount of grant is $2 million per business. The grant supports the initial first year operation of the business after which the business is expected to become self-sustaining. A total of 10 businesses from 9 NGOs have been approved starting in June 2002 involving an amount of $7.62 million. These projects are in their preparation and initial start off stage yet it is projected around 166 jobs can be created including 119 jobs for people with disabilities. The list of approved projects at Appendix.

Others

SWD has announced the second batch applications in January 2003 and the close of application will be in April 2003.

Appendix

<u>"Enhancing Employment of People with Disabilities through Small Enterprise" Project</u>

No.	Name of approved NGO	Business nature	No. of Staff		Approved Amount (Mn)
			Total number	Disabled staff	
1.	Tung Wah Group of Hospitals	Vegetables & fruit processing & supplying	34	29	$1.10
2.	Wai Ji Christian Service	Car cleaning	9	6	$0.31
3.	The Mental Health Association of Hong Kong	Retailing – " Japan Home Centre" and convenience store at Ruttonjee Hospital	12	10	$0.70
4.	The Mental Health Association of Hong Kong	Cleaning service	45	27	$0.75
5.	The Hong Kong Down Syndrome Association	Car beauty service	8	6	$0.11
6.	Baptist Oi Kwan Social Service	Catering service	20	14	$1.43
7.	Hong Kong Society for the Blind	Mobile massage service	6	4	$0.68
8.	Richmond Fellowship of Hong Kong	Mobile cleaning service	8	6	$0.43
9.	New Life Psychiatric Rehabilitation Association	Cultural Kiosks in parks	10	8	$1.20
10.	The Rehabilitation Alliance, HK Limited	Convenience Store (7-11)	14	9	$0.91
	Total		**166**	**119**	**$7.62**

Annex 5

Marketing Consultancy Office (Rehabilitation)

Objective

The Marketing Consultancy Office (Rehabilitation) [MCO(R)] became a regular establishment in SWD in April 2001. The objective of the Office is to enhance employment opportunities for people with disabilities through innovative, effective and efficient business development and marketing approaches.

Services

Services of the MCO(R) include promoting the working abilities of people with disabilities, enhancing the image and status of sheltered workshops and supported employment units, identifying tenders and job opportunities, providing advice on marketing strategies for sheltered workshops, supported employment units and other vocational rehabilitation service projects, developing training programmes for vocational rehabilitation personnel to enhance their knowledge and skills in marketing and business and providing advice to SWD on business and marketing issues related to the employment of people with disabilities.

Significant Statistics

Between April 2001 and December 2002, MCO(R) has secured for SW and SE the following -

Nature	No.	Amount ($Mn)
Job orders	513	2.73
Full time jobs	40	N/A
Part-time jobs	99	N/A
Tender contracts	N/A	5.13
Sales of handicrafts made by disabled people	N/A	0.93
Marketing events organized	25	N/A
Training courses organized	12	N/A

MCO(R) also provides support to the two kiosks set up under SEPD i.e. “Support the Employment of People with Disabilities” which is an alliance among the vocational rehabilitation NGOs to sell the arts and crafts made by people with disabilities. The trademark of SEPD is now registered.