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Panel on Welfare Services

**Background brief prepared by the Legislative Council Secretariat
for the meeting on 11 May 2009**

**Vocational rehabilitation services and residential services
for persons with disabilities**

Purpose

This paper provides an account of the discussions of the Panel on Welfare Services (the Panel) on the provision of integrated vocational rehabilitation services and residential services for persons with disabilities (PWDs).

Background

2. According to the Administration, the overall objective of the rehabilitation policy is to support the full integration of PWDs into the community. A series of rehabilitation services, community support and training are provided to facilitate PWDs to live independently, and/or to live with their families and friends in the community. For those who cannot live on their own and cannot be adequately cared for by their families, a three-pronged approach has been adopted in accordance with the 2007 Rehabilitation Programme Plan (RPP) to implement the following measures –

- (a) to regulate the residential care homes for PWDs so as to ensure their service quality on the one hand while helping the market to develop residential care homes of different types and operational modes on the other;
- (b) to support non-governmental organizations (NGOs) to develop self-financing homes; and
- (c) to continue to steadily increase the number of subsidised residential care home places.

Vocational rehabilitation services for PWDs

3. At the meeting on 10 February 2003, the Panel was briefed on the Administration's future service direction to support PWDs. The Administration informed the Panel that based on the findings of an internal value for money audit study conducted by SWD on sheltered workshops and supported employment services in 2002, it was recommended that in the long run, integrated service delivery model comprising sheltered workshop, supported employment, skills centres, On the Job Training Programme and Small Enterprise Project in vocational rehabilitation services should be adopted. An integrated vocational centre could better meet the vocational needs of PWDs and address the problems of compartmentalization in service delivery. Under the proposed new service delivery mode, trainees could have access to vocational rehabilitation services at one single service point.

4. With regard to some members' concern about the possible closing down of all sheltered workshops, the Administration assured members that it had no intention of doing so. The reason for conducting the value for money audits on sheltered workshops and supported employment services was to find out how these two services could be operated in a more cost-effective manner. Owing to the economic downturn and the fading out of small production industries in Hong Kong, it had become more difficult for sheltered workshops to secure income-generating work for their users.

5. The Administration further advised that NGO operators supported in principle the model of integrated vocational rehabilitation services centres. However, concerned parties considered it necessary to work out a more detailed operational and implementation plan and to test the new model on a pilot basis. SWD would seek the views of the stakeholders on the implementation issues.

Integrated Vocational Rehabilitation Services Centres (IVRSCs)

6. The Administration briefed the Panel on the progress on the pilot IVRSCs on 20 April 2005. The Administration advised that it had invited NGOs in August 2003 to re-engineer their subvented vocational rehabilitation services to form IVRSCs on a pilot basis. SWD had approved the formation of 14 IVRSCs through pooling of subventions of 2 043 places of 14 sheltered workshops and 485 supported employment places on 1 April 2004. Taking into account the conversion of two sheltered workshops operated by SWD to IVRSCs after their hiving off to NGOs in April 2004, and a new IVRSC which commenced operation in October 2004, there were 17 IVRSCs in April 2005 providing a total of 2 889 training places.

7. The Administration further advised that a Working Group comprising representatives of SWD, NGO operators, parents of PWDs was formed in June 2004 to review the implementation of IVRSCs and advise on the future development of the service. The Working Group generally recognized that IVRSCs would have many advantages over the traditional sheltered workshops and sheltered employment services. An integrated vocational centre would provide a holistic approach to meet the needs of PWDs by offering a greater variety of training programmes, and allowing flexibility in service delivery and deployment of staff and resources.

8. Members expressed support for providing PWDs with one-stop integrated and seamless vocational services so as to better accommodate the limitations arising from their disabilities. Some members enquired about the timetable for conversion of the existing 36 sheltered workshops into IVRSCs. The Administration responded that it had no fixed timetable for the conversion. It had deliberately not made the re-engineering exercise compulsory, as the success of the exercise must depend on the support of parents of PWDs and the staff concerned. As regards staff members, they would need to undergo special training programmes in order to meet the challenges arising from the implementation of the new service delivery mode.

9. The Administration added that PWDs would continue to be given the choice to join the sheltered workshops, sheltered employment or IVRSC services.

Residential services for PWDs

10. According to the Administration, there are 187 subvented residential care homes for the disabled (RCHDs) and 17 self-financing RCHDs operated by NGOs offering residential care services for physically impaired, mentally impaired, ex-mentally ill and blind persons. As at December 2007, there were 10 700 subvented residential care places for PWDs. As at November 2008, there were 45 private RCHDs known to SWD, providing a total of 2 461 residential places (with 72% enrolment rate).

Standardized Assessment Mechanism for Residential Services for PWDs

11. The Administration pledged in the 2000 Policy Address that it would review the admission criteria and improve the admission process for different types of residential services for PWDs. A steering group was established to identify the need to develop a standardized assessment tool for residential placement, and a consultancy was commissioned to conduct a survey on the profile and service needs of users and waitlistees. In the light of the survey findings, the Administration decided to devise a standardized assessment tool to

ascertain the urgency of each referral and match the need for different types of residential services, including admission to residential homes for PWDs.

12. The Administration informed the Panel at the meeting on 5 January 2004 of the development of a standardized needs assessment tool by SWD for admission to residential homes for PWDs. With effect from 1 January 2005, all applicants for subvented residential services for PWDs must be assessed by the Standardized Assessment Mechanism for Residential Services for PWDs (the Mechanism) to ascertain their residential service needs before they were put on the central waiting list or admitted to their required service units. The Panel further discussed the implementation progress of the Mechanism on two subsequent occasions, i.e. the meetings on 14 June 2004 and 21 March 2006.

13. Members generally welcomed the idea of a standardized assessment tool to identify the needs of PWDs for residential service with a view to matching their needs with the appropriate levels and categories of service. Some members were concerned that the introduction of the Mechanism with its stringent assessment standards might turn PWDs away from residential services and make them rely on community services.

14. Responding to members' concern, the Administration advised that it did not consider the assessment tool too stringent. Adequate safeguards and flexibility had been built in the Mechanism to cater for those applicants whose circumstances might warrant special consideration in determining the exact type of residential service. The Administration stressed that the assessment tool was intended for streaming purpose only and was not meant to replace the in-depth assessments conducted by professionals for the training and care of PWDs. Appropriate day training and community support services would be arranged if the PWDs concerned did not require residential services or if residential placement was not immediately available.

Provision of residential services for PWDs

15. During the discussions on the progress of implementation and the review of the Mechanism, some members considered that the Mechanism would not help in addressing the shortage of residential places. These members raised concern about the inadequacy of residential homes for PWDs to meet the needs of PWDs, and the long waiting time of an average of four to six years for the services. They requested the Administration to set out the performance pledge of providing residential places to eligible PWDs so as to shorten the waiting time. Deputations attending the meeting shared members' views and considered that the Administration should ensure the adequacy of residential places for PWDs with genuine needs.

16. The Administration advised that it would continue its efforts to bid for

more resources to increase the supply of subvented residential places for PWDs. However, the provision of additional RCHDs would depend on the availability of suitable sites/premises.

17. Members considered that notwithstanding the difficulty of identifying suitable sites for new RCHDs, the Administration should come up with a plan on the target number of additional residential places for PWDs to be provided each year. To address the shortage of suitable premises, the Administration should include the provision of residential care services for PWDs in its town planning.

18. The Administration explained that attempts had been made by SWD to turn vacant premises in public housing estates into residential homes for PWDs, but such proposals were often met with local opposition. As such, SWD had to look for idle properties, such as unused schools and staff quarters, located in the remote areas for constructing homes for PWDs.

19. The Panel had time and again raised the concern about the lack of a long-term plan by the Administration to provide adequate RCHD places. At the Panel meeting on 9 July 2007, members discussed RPP which set out the strategic directions and key suggestions in each programme area of rehabilitation services. Members generally expressed disappointment at the absence of concrete implementation details about the RPP recommendations, and requested the Administration to map out concrete measures to enhance the rehabilitation services for PWDs, including residential care services.

20. At the Panel's request, the Administration provided supplementary information on the 2007 RPP after the meeting. On the rehabilitation care services, the Administration advised that a three-prong-approach had been adopted to encourage participation from different sectors and to provide diversified residential care services for PWDs with genuine needs. An additional funding of \$3.3 million would be made available in 2007-2008 for providing 490 additional residential places. In parallel, the Administration was bidding for more resources and identifying suitable venues for additional residential places for 2008-2009, and had liaised with the relevant authorities in town planning and housing to strive for suitable medium-term and long-term venues for hostels and rehabilitation facilities for PWDs. The Administration would also continue to support the development of self-financing RCHDs operated by NGOs, including assisting NGOs to identify suitable sites/premises and apply for funding for alteration and renovation.

21. When the Panel was consulted on 12 November 2007 on the proposals of setting up two new Integrated Rehabilitation Services Centres for PWDs in Shatin and Kwun Tung, members were advised that as reflected by the data captured by the Central Referral System for Rehabilitation Services of SWD, there was a substantial demand for Day Activity Centre cum Hostel for Severely

Mentally Handicapped Persons (DAC cum HSMH), Hostel for Moderately Mentally Handicapped Persons (HMMH), Hostel for Severely Physically Handicapped Persons (HSPH), Care and Attention Home for Severely Disabled Persons (C&A/SD) and IVRSC. A brief description of these services is in the **Appendix**. The position on the overall provisions, waiting list and waiting time for these services was –

Service Type	Number of places as at September 2007	Number of persons on the waiting list as at September 2007	Average waiting time in 2006-2007 (months)
<i><u>Residential services</u></i>			
HSMH	2 940	1 761	83
HMMH	2 054	1 260	46
HSPH	461	356	78
C&A/SD	765	316	40
<i><u>Day services</u></i>			
DAC	4 370	751	23
IVRSC	3 234	2 186	18

22. Pointing out that the average waiting time for HSMH in 2006-2007 was as long as 83 months, members considered the waiting time unacceptable. They held a strong view that the provision of subvented residential care services for PWDs should be sped up to shorten the average waiting time to a reasonable time frame.

23. The Administration responded that it was aware of the problem of inadequate residential care services for PWDs and had accorded priority for the provision of new subvented residential care places for PWDs. Given the increasing demand for residential care services, the Administration would continue to bid for more resources for RCHDs and improve their quality. Nonetheless, the availability of financial resources and suitable sites were equally important in the provision of additional residential care places for PWDs. On some occasions, the proposed projects could not be proceeded with on account of objection by the local communities. The Administration also pointed out that the turnover rates of subvented residential care places were low as a result of the longer life expectancy and improved healthcare services. This had accounted for why there was no marked improvement in shortening the waiting time for subvented RCHDs.

24. To enhance the provision of residential care places for PWDs, members made a number of suggestions such as converting vacant Government premises and deserted schools into subvented RCHDs, buying places from private RCHDs,

etc. The Administration advised that consideration would be given to buying places from private RCHDs to shorten the waiting time for subvented RCHDs after introduction of the licensing scheme for RCHDs. The Administration would continue to identify suitable premises in vacant Government buildings and public housing estates for conversion into the provision of residential care services. For longer term planning, SWD would continue to put in bids for premises in new development projects as appropriate.

25. The Panel decided to write to the Chief Secretary for Administration (CS) and the Financial Secretary requesting the Administration to formulate a long-term plan and set specific targets for the provision of residential care services for PWDs, and to allocate additional resources for the purpose. In his reply, CS advised that the Government provided a total of 10 555 residential care places, with an overall estimated spending of over \$1 billion in 2007-2008. PWDs were not subject to any means test in order to be qualified for the subvented services. The Administration adopted a three-pronged approach, as set out in the newly published 2007 RPP, to expedite the waiting time for residential services and day services for PWDs. An additional \$3.3 million had been allocated for providing 490 additional residential places in 2007-2008 and SWD was actively identifying suitable premises for such places, including vacant schools and hospitals.

Latest development

26. The Administration will seek the Panel's views on a funding proposal relating to two new integrated rehabilitation service centres for PWDs on 11 May 2009; it intends to seek the approval of the Finance Committee on 5 June 2009.

Relevant papers

27. Members are invited to access the LegCo website at <http://www.legco.gov.hk> to view the minutes and relevant papers of the meeting of the Panel on Welfare Services on 19 February 2003, 5 January and 14 June 2004, 20 April 2005, 21 March 2006, 9 July and 12 November 2007.

Information Brief on IRSC Services

Care and Attention Home for Severely Disabled Persons (C&A/SD)

C&A/SD provides residential care and facilities for persons with severe mental or physical disabilities who are unlikely to benefit from a regular day training placement, and are in need of nursing and intensive personal care to maintain their health and to assist them in routine personal care tasks and daily living activities.

Hostel for Severely Physically Handicapped Persons (HSPH)

HSPH provides home living for persons with severe physical disabilities with or without mental handicap who lack basic self-care skills and require assistance in personal and nursing care.

Hostel for Severely Mentally Handicapped Persons (HSMH)

HSMH provides home living for persons with severe mental handicap who lack basic self-care skills and require assistance in personal and nursing care.

Hostel for Moderately Mentally Handicapped Persons (HMMH)

HMMH aims to provide home living for persons with moderate mental handicap who are capable of basic self-care but lack adequate daily living skills to live independently in the community.

Day Activity Centre (DAC)

DAC provides day care and training to adults with severe mental handicap who are unable to benefit from vocational training or sheltered employment. The programmes include training on motor skills, self-help skills, communication skills, domestic skills, community living skills, simple work skills, social and interpersonal skills, and provision of social and recreational activities.

Integrated Vocational Rehabilitation Services Centre (IVRSC)

IVRSC provides people with disabilities with one-stop integrated and seamless vocational services specially designed to accommodate the limitations arising from their disabilities, in which they can be provided work opportunity, develop their social and economic potential, achieve upward mobility in vocational rehabilitation, and prepare for potential advancement to open employment where possible.