

立法會
Legislative Council

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(These minutes have been
seen by the Administration)

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Panel on Welfare Services

Minutes of special meeting
held on Saturday, 13 March 2010, at 9:00 am
in the Chamber of the Legislative Council Building

Members present : Hon WONG Sing-chi (Chairman)
Hon CHEUNG Kwok-che (Deputy Chairman)
Hon Albert HO Chun-yan
Hon LEE Cheuk-yan
Hon LEUNG Yiu-chung
Hon TAM Yiu-chung, GBS, JP
Hon LI Fung-ying, BBS, JP
Hon Paul CHAN Mo-po, MH, JP
Hon IP Wai-ming, MH
Dr Hon PAN Pey-chyou

Members absent : Hon Frederick FUNG Kin-kee, SBS, JP
Hon Ronny TONG Ka-wah, SC
Dr Hon LEUNG Ka-lau
Hon WONG Kwok-kin, BBS

Public Officers attending : Mr Stephen SUI Wai-keung
Commissioner for Rehabilitation
Labour and Welfare Bureau

Mrs Cecilia YUEN
Assistant Director of Social Welfare
(Rehabilitation & Medical Social Services)

Mr Philip TANG Fei-lit
Acting Chief Social Work Officer
(Rehabilitation & Medical Social Services)²
Social Welfare Department

**Deputations
by invitation** : The Parents' Association of Pre-School Handicapped
Children

Mrs Julie LEE LAU Chu-lai
Executive Member

香港區私營院舍聯會

Miss NG Yuet-yee
Assistant Chairman

新界區私營院舍聯會

Mr CHEUNG Kin-wah
Social Worker

Policy Group for Disable People

Mr LAM Tat-chi
Organizer

Disable and Carers Concern Group

Ms NG Yan-yee
Centre-in-charge

1st Step Association

Mr LEUNG Choy-yan
Chairperson

Mr CHEUNG Chi-lap
Organizer

Concord Mutual-Aid Club Alliance

Mr CHAN Kwok-shing
Chairman

Direction Association for the Handicapped

Mr LAW Wai-cheung
Vice-Chairman

Department of Social Work & Social Administration,
The University of Hong Kong

Ms WONG King-shui
Fieldwork Supervisor

私營院舍社會工作者同盟

Mr PONG Kwok-boon
Board Member

Hong Kong Association for Parents of Persons with
Physical Disabilities

Ms Grace WONG
Member

The Hong Kong Council of Social Service

Mr Eddie SUEN
Chief Officer (Rehabilitation Service)

新界東私營復康院舍聯會

Mr TSANG Kim-kwong
Chairman

新界西私營殘疾院舍聯會

Ms CHAN Kwok-chun
Officer

爭取私營院舍權益大聯盟

Ms WONG Yun-fong
Medical Superintendent

Hong Kong Private Hostel for Rehabilitation Association

Mr Joe LI
Chairman

爭取資助院舍聯席

Ms Bobo HO
Convenor

The Hong Kong Joint Council of Parents of the Mentally Handicapped

Ms CHEUNG Pui-lan
Executive Committee

The Forthright Caucus

Mr Fernando CHEUNG
Chairperson

Democratic Alliance for Betterment of Hong Kong and Progress of Hong Kong

Miss SIU Ka-yi
Deputy Spokesperson on Welfare Service

殘疾人士成人服務大聯盟

Mr LEE Pak-ying

香港殘疾人士成人服務促進會

Mr CHAN Hok-man

殘疾人士成人服務關注組

Mrs CHAN CHO Shing-yuk

Home of the Elderly Consultancy Ltd

Mr Legward WONG Cheuk-kin
General Manager

Clerk in attendance : Miss Betty MA
Chief Council Secretary (2) 4

Staff in attendance : Ms Yvonne YU
Senior Council Secretary (2) 5

Miss Maggie CHIU
Legislative Assistant (2) 4

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I. Pilot Bought Place Scheme for Private Residential Care Homes for Persons with Disabilities

[LC Paper Nos. CB(2)845/09-10(03), CB(2)908/09-10(02), CB(2)934/09-10(01), CB(2)1044/09-10(01) to (02), CB(2)1062/09-10(01), CB(2)1088/09-10(01) to (04), CB(2)1092/09-10(01) to (02) and CB(2)1101/09-10(01) to (11)]

The Chairman said that the special meeting was convened to receive views from deputations on the pilot Bought Place Scheme ("BPS") for private residential care homes for persons with disabilities ("RCHDs"), and on which the Panel was briefed by the Administration at the meeting on 8 February 2010.

2. At the invitation of the Chairman, 24 deputations presented their views on the pilot BPS. A summary of the deputations' views is in the **Appendix**.

Discussions

3. Responding to the views expressed by deputations, Commissioner for Rehabilitation ("C for R") said that the Administration was mindful of the acute waitlisting situation for those with severe disabilities and the concerns about the quality of private RCHDs. On the provision of community care and support services for persons with disabilities ("PWDs"), C for R advised that the Social Welfare Department ("SWD") had since January 2009 set up 16 district support centres for PWDs to provide one-stop service for strengthening the support for PWDs waiting for subsidised RCHD places. The Administration would also expand the service mode of the first Integrated Community Centre for Mental Wellness ("ICCMW") in Tin Shui Wai across the territory in 2010-2011 to provide district-based, one-stop and integrated community support services for persons with mental health problems and their family carers. In addition, as announced in the 2010-2011 Budget, a one-off funding of \$163 million would be sought under the Lotteries Fund for implementing a three-year pilot scheme on home care services for persons with severe disabilities, under which a new package of home-based support services would be tried out in Tuen Mun and Kwun Tong where had the largest number of persons with severe disabilities waiting for subvented residential care services at hostel for severely mentally handicapped, hostel for severely physically handicapped persons and care and attention home for severely disabled persons. These enhanced support services sought to facilitate these PWDs' continued living at home while waiting for subvented residential care services, and help relieve the stress of their family carers.

4. Regarding residential care services for PWDs, C for R further advised that the Administration would continue to steadily increase the number of subsidised RCHD places in accordance with the 2007 Rehabilitation Programme Plan

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("RPP"). It was worth noting that additional recurrent funding had been earmarked in the 2010-2011 Budget for providing 268 additional subvented residential care places for PWDs. Altogether, an additional 939 places would be provided in the coming two years. The number of additional places represented 14% of the number of PWDs on the waiting lists for subvented residential care places.

5. C for R added that apart from continuously increasing the provision of subvented residential care places, the Administration would introduce the Residential Care Homes (Persons with Disabilities) Bill into the Legislative Council ("LegCo") in the 2009-2010 legislative session to implement a licensing scheme for RCHDs in order to regulate the operation of RCHDs and ensure their service quality. In tandem with the legislative proposal, the Administration would formulate suitable complementary measures to help operators meet the licensing requirements and help the market develop quality residential care services for PWDs. To this end, the Administration would introduce the pilot BPS prior to the implementation of the statutory licensing system.

6. C for R stressed that the Administration kept an open-mind on views on the operation of the pilot BPS. The Administration would further consult the private RCHDs in determining the level of contract price. The number of places to be purchased would be suitably adjusted having regard to the response of service users, the number of quality places to be provided by and response of private RCHDs.

7. Assistant Director of Social Welfare (Rehabilitation & Medical Social Services ("AD/SW(RMSS)) advised that the pilot BPS would help provide more choices of quality private RCHDs. The Administration was fully aware of the concerns about the staff requirement and service quality of private RCHDs. It would actively consider the deputations' suggestions, such as enhancing the rehabilitation services and vocational training provided by non-governmental organisations ("NGOs") to residents of private RCHDs. Drawing on the experience of the Enhanced Bought Place Scheme ("EBPS") for private residential care homes for the elderly and the specific caring needs of PWDs, SWD consulted the private RCHD sector and stakeholders in drawing up the proposed framework of the pilot BPS. On the service quality, AD/SW(RMSS) said that the BPS homes would be required to comply with a set of service quality standards relating to facilities, meal provision, health care, fee charging, social activities, etc and for this purpose, a monitoring group comprising PWDs and stakeholders would be set up to help monitor the service quality of these homes. AD/SW(RMSS) further said that SWD would review and adjust the target groups and the number of places to be purchased where necessary, having regard to the response of service users, the number of new homes coming on stream, the quality of places to be provided by and the response of private RCHDs. Mid-term reviews would be conducted to keep track of progress and

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refine the operational details as appropriate. An overall review of the pilot BPS would be conducted before its expiry to assess its long-term feasibility in terms of the contract price, home fees, amount of government subsidies, the number of places to be bought as well as the overall service quality and performance of the operators of the private RCHDs.

8. On the monitoring of private RCHDs, Acting Chief Social Work Officer (Rehabilitation & Medical Social Services)2 ("CSWO(RMSS)2(Atg)") advised that SWD conducted visits to private RCHDs at least four times annually to give advice on drug administration, use of physical restraints, meals, hygiene, infection control, fire safety and building safety, etc. This apart, SWD had since 2006 implemented the Voluntary Registration Scheme ("VRS") for private RCHDs as an interim measure to encourage private RCHDs operators to enhance their service quality. At present, there were 54 private RCHDs known to SWD and six private RCHDs had joined VRS. Private RCHDs that had joined VRS would have met the enhanced requirements in fire safety, building safety, general management and health care and had their information uploaded to SWD website for public viewing.

9. Apart from adopting the three-pronged approach, Mr LEE Cheuk-yan took the view that the Administration should consider providing an allowance for family carers of PWDs with a view to providing PWDs with an additional option, i.e. to stay at home.

10. C for R advised that the Administration fully recognised the contribution made by family carers in taking care of PWDs. In this regard, the Government had provided a wide range of community care and support services for family carers with a view to helping them discharge their family responsibilities and alleviating their stress. To cater for the special needs of PWDs, the Government was committed to providing them with suitable support services, and enabling them to cope with and resolve problems encountered in their daily life.

11. Noting that SWD would purchase about 300 BPS places over the four-year pilot period, Mr LEE Cheuk-yan considered that the proposed number of BPS places was on the low side, and it would not be financially viable for private RCHDs operators to join the pilot scheme. In his view, the Administration should seriously consider increasing the number of BPS places to be bought from a RCHD and make available the plan to the private RCHD sector to facilitate them to make an informed decision. Pointing out that 90% of the private RCHD residents were Comprehensive Social Security Assistance recipients, Mr LEE expressed concern that RCHD residents of non-BPS places could not afford fee rise as a result of upgrading facilities of RCHDs, and the operators would have to make use of the government subsidy for BPS places to subsidise the operation of non-BPS places.

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12. C for R said that the number of places to be bought would largely hinge on the availability of quality places provided by private RCHDs. Although six private RCHDs had joined VRS, to his knowledge, some RCHDs operators had indicated that they were considering joining VRS. C for R further said that as a start, the Administration needed to adopt a prudent approach in identifying quality places in order to ensure the quality service standards of BPS homes. As mentioned earlier, mid-term reviews would be conducted to keep track of progress and adjustment to the number of places to be bought could be made where necessary. SWD would closely monitor the development and consider suitable adjustment to the number of places to be bought having regard to the response of services users, the number of quality places to be provided by and response of private RCHDs.

13. Mr LEE Cheuk-yan noted with concern that some private RCHD operators had indicated that the launch of the pilot BPS would give rise to staff redundancy, and some of them were considering closing down the homes because they could not meet the additional costs for carrying out improvement works to meet the upgraded standards. Mr LEE questioned about the cost computation and the staffing requirement in determining the level of contract price. He took a strong view that the staffing requirement should be worked out based on eight hours working per shift.

14. AD/SW(RMSS) advised that in determining the level of contract price, SWD had made reference to the statistics compiled by the Labour Department and the Rating and Valuation Department on the wage levels and rentals respectively. SWD would further consult the private RCHDs on their operation costs and staffing requirement in determining the appropriate number of places to be bought and the level of contract price.

15. On the staffing requirement, CSWO(RMSS)2(Atg) said that for a RCHD with 40 places under the pilot BPS, there would be 19 staff, comprising a home manager, health care staff, care workers and ancillary workers. Such requirement could address the operational need of a RCHD. AD/SW(RMSS) added that reference had been made to eight hours working per shift in drawing up the staffing requirement for BPS homes, but there would be no obligatory requirement on the working hours for RCHD staff under BPS.

16. Referring to the submission from the Hong Kong Private Hostel for Rehabilitation Association ("HKPHRA") (LC Paper No. CB(2)1101/09-10(08)), Mr Albert HO said that according to the survey findings conducted by HKPHRA, 17% of private home operators had indicated they would close down their homes after the implementation of the statutory licensing system. He expressed grave concern about the well-being and welfare of PWDs living in these RCHDs and asked whether the Administration would undertake to make necessary decanting arrangements for the affected PWDs. Mr HO further said that the entire BPS

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home would have to comply with the upgraded standards under the pilot Scheme, irrespective of the number of BPS places to be bought in a private home. As the upgrading works would cost about \$250,000 to \$500,000, Mr HO said that it would not be practical nor financially viable for private RCHD operators to join the pilot Scheme if the government subsidy was only provided to a small proportion of BPS places. In the light of the operational difficulties faced by private RCHDs, Mr HO took the view that the Administration should consider providing a low-interest loan to the operators for upgrading the facilities and requiring only the BPS places to comply with the upgraded standards.

17. AD/SW(RMSS) advised that the pilot BPS was introduced prior to the implementation of the statutory licensing system to help private RCHD operators raise their service standards and help the market develop quality residential care services for PWDs. To this end, irrespective of the number of places to be bought in a private RCHD, the entire home would have to comply with the upgraded standards under the pilot BPS. The number of places to be bought under the pilot BPS in each home was proposed to be capped at 50% of its recognised capacity. Regarding the supply of RCHD places, AD/SW(RMSS) said that the enrolment rate of 54 private RCHDs known to SWD was around 70%. To her knowledge, some RCHD operators had indicated that they were considering joining VRS after learning about the launch of the pilot BPS. The Administration would assist the affected residents to move to other RCHDs as far as practicable if individual private RCHDs ceased to operate. AD/SW(RMSS) further said that as those private RCHDs which had joined VRS had met the enhanced standards without government subsidy, the Administration considered that it would not be prudent to use public money to finance other private RCHDs for upgrading their facilities. Nonetheless, the Administration would formulate suitable complementary measures to encourage private RCHDs to upgrade their service standards to meet the licensing requirements in tandem with the introduction of the licensing system.

18. Dr PAN Pey-chyou welcomed the launch of the pilot BPS to enhance the long-term care services for PWDs who could not live independently or be adequately taken care by their families. Dr PAN said that apart from residential care services, outreaching rehabilitation services including occupational therapy, physiotherapy, visiting medical practitioners, psychological counselling services were crucial for PWDs. He asked whether the Administration would consider providing outreaching rehabilitation services to RCHD residents under the pilot BPS.

19. Recognising the rehabilitation needs of PWDs, AD/SW(RMSS) advised that the Hospital Authority ("HA") had been providing community psychiatric services such as community psychiatric nursing services for mental patients and discharged mental patients living in RCHDs. This apart, some NGOs also provided outreaching rehabilitation services to RCHD residents. She undertook to discuss with HA for any room for service enhancement in this respect.

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20. Mr LEUNG Yiu-chung cast doubt about the effectiveness of the pilot BPS in improving the waitlisting situation of subsidised residential care places taking into account that only 300 places would be offered under the pilot BPS. Pointing out that it would not be financially viable for private RCHD operators to join the Scheme if the number of places to be bought in each home was to be capped at 50% of its recognised capacity, Mr LEUNG held the view that the Administration should consider increasing the number of places to be bought in each home so as to provide adequate incentive for private RCHD operators to upgrade their service standards.

21. AD/SW(RMSS) stressed that the pilot BPS aimed to encourage private RCHDs to upgrade their service standards, and the number of places to be bought under the pilot BPS in each home was proposed to be capped at 50% of its recognised capacity. The Administration was awaiting further information from the private RCHDs on their operation costs in determining the appropriate level of contract price and number of places to be purchased. C for R reiterated that the number of places to be purchased would largely hinge on the availability of quality places provided by private RCHDs. SWD would closely monitor the pilot Scheme and consider suitable adjustment to the number of places to be purchased having regard to the response of service users, the number of quality places to be provided by and response of private RCHDs.

22. Mr TAM Yiu-chung welcomed the pilot BPS as it would encourage private RCHDs to upgrade their service standards. Mr TAM pointed out that despite the acute waitlisting situation of subsidised RCHD places, the enrolment rate of the private RCHDs stood at a comparatively low level of 70%. This explained the concern about the poor service standards of private RCHDs. To encourage private RCHDs to upgrade their service standards, the number of places to be bought in a home should not be less than 50% of its recognised capacity. Given that EBPS for private residential care homes for the elderly had provided useful experience for the devising the framework of the pilot BPS, Mr TAM urged the Administration to launch the pilot Scheme as early as practicable.

23. Mr IP Wai-ming considered that the three-pronged approach for providing residential care services for PWDs failed to set out concrete plans to improve the waitlisting situation of subsidised RCHD places. He expressed concern that, instead of increasing the supply of subsidised RCHD places, the Administration would seek to alleviate the waitlisting situation of subsidised residential service by increasing the supply of private home places. In his view, the pilot BPS should not be regarded as a substitute for the provision of additional subsidised RCHD places. Mr IP was concerned about the service monitoring of private RCHDs under the pilot BPS, and enquired whether the Administration would consider adopting the concept of "money following users" such that PWDs could make their own choices of quality private RCHDs.

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24. C for R advised that in accordance with the 2007 RPP, the Government had been adopting the three-pronged approach to encourage participation from different sectors in providing diversified residential care services for PWDs. Hence, the Administration would continue to steadily increase the number of subsidised places, supporting NGOs to develop self-financing homes and regulating the RCHDs through a statutory licensing scheme, so as to ensure their service quality on one hand and help the market develop RCHDs of different types and operational modes on the other. The 2007 RPP, which set out the strategic directions and key suggestions in each programme area of rehabilitation services, had been drawn up after taking into consideration a wide spectrum of views and suggestions from different groups of PWDs, rehabilitation NGOs and other individuals and organisations concerned.

25. On the service monitoring of BPS homes, AD/SW(RMSS) reiterated that the BPS homes would be required to comply with a set of service quality standards, and for this purpose, a monitoring group comprising PWDs and stakeholders would be set up to help monitor the service quality of BPS homes under the pilot scheme. Regarding the proposal of adopting the concept of "money following users", AD/SW(RMSS) said that the Administration had no intention to change the existing subvention arrangements having regard to the far-reaching implications of the proposal. Meanwhile, the Administration would continue to steadily increase the supply of subvented RCHD places and help the market develop more choices of quality private RCHDs through the launch of the pilot BPS. An additional 939 subvented residential care places for PWDs would be provided in the coming two years. This apart, the Government would introduce the Residential Care Homes (Persons with Disabilities) Bill into LegCo in the 2009-2010 legislative session to implement a licensing scheme for RCHDs in order to regulate the operation of RCHDs and ensure their service quality.

26. Mr CHEUNG Kwok-che considered that the pilot BPS would, to some extent, help alleviate the waitlisting situation of subsidised RCHD places. Mr CHEUNG asked about the mechanism put in place by SWD to discuss with the private RCHD operators the operational details of the pilot BPS. Mr CHEUNG pointed out that it would be financially viable for private RCHD operators to join the pilot Scheme only if they could afford the higher operating costs as a result of upgrading the facilities and services of RCHDs. To facilitate the determination of the appropriate contract price for BPS places, Mr CHEUNG invited views from deputations on the estimated home fees of a non-subsidised RCHD place which met the BPS standards. Mr CHEUNG further asked about the service standards of private RCHDs which had joined VRS from the users' perspective.

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27. Responding to Mr CHEUNG Kwok-che, Mr Joe LI of HKPHRA said that HKPHRA had conducted a survey among its members on the pilot BPS. According to the information provided by the respondents, the unit rental cost of a BPS place would range from \$1,200 to \$1,500 (64%), \$1,500 to \$2,000 (21%), and \$2,000 to \$2,500 (7%). Based on the staffing requirement of 19 staff for a RCHD with 40 places, the unit staff cost would be in the region of \$2,001 to \$3,000 (36%), \$3,001 to \$4,000 (21%) and \$4,001 or above (21%). Mr LI added that the unit cost of a BPS place would be in the region of \$5,000 to \$8,000, depending on the location of the private RCHDs.

28. Mr LAW Wai-cheung of the Direction Association for the Handicapped said that in his capacity as a member of 2005-2007 Rehabilitation Plan Review Working Group, he had visited the six private RCHDs which had joined VRS as arranged by SWD. In his view, the service quality of subvented RCHDs was more impressive than those private RCHDs that had joined VRS. To ensure the service quality of private RCHDs, service monitoring was of vital importance, and a monitoring group should be set up with the involvement of service users.

29. While supporting the pilot BPS, Mr LEUNG Choy-yan of the 1st Step Association said that in order to monitor the service standards of private RCHDs, SWD should conduct surprise inspection to ensure that RCHD operators would fully comply with the BPS requirements. Mr LEUNG added that the Administration should seriously consider the provision of an allowance to the home carers of PWDs.

30. In order to provide incentive for RCHD operators to upgrade their service standards under the pilot scheme, Mr CHAN Kwok-shing of the Concord Mutual-Aid Club Alliance held the view that the Administration should increase the number of places to be bought in each home.

31. Regarding the consultation on the pilot BPS, CSWO(RMSS)2(Atg) said that SWD had consulted the private RCHD sector, relevant parent groups and self-help groups as well as HKCSS on the framework of the pilot scheme in November 2009, RAC at its meeting on 18 December 2009, and the private RCHD sector again on 8 January 2010. He stressed that SWD would take into account the views of stakeholders in working out the operational details. AD/SW(RMSS) added that HKPHRA had yet to provide SWD with information on the operating costs of private RCHDs. SWD would take into account the information and views of stakeholders in working out the operational details of the pilot BPS, including the level of contract price and the number of places to be purchased.

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32. The Chairman said that BPS homes would need to upgrade their facilities to meet the specific needs of their client groups, i.e. PWDs with mental illness and mental handicap of moderate grade. Hence, for those private RCHDs which had met the enhanced requirements under VRS, they did not necessarily possess the facilities in taking care of the target clients of the pilot BPS. He took the view that SWD should have regard to the distinct needs of PWDs of different types of disabilities when reviewing whether and how to expand the scope of the pilot BPS to cover other client groups. The Chairman also expressed concern about the service standards for private RCHDs under the pilot BPS.

33. CSWO(RMSS)2(Atg) said that the BPS standards would be higher than the requirements under VRS. While private RCHDs would be required to meet the enhanced requirements in fire safety, building safety, general management and health care under VRS, the staffing requirement under the pilot BPS would be much higher than that under VRS.

34. AD/SW(RMSS) stressed that to regulate the operation of RCHDs and ensure their service quality, the Administration would introduce the Residential Care Homes (Persons with Disabilities) Bill into LegCo in the 2009-2010 legislative session to implement a licensing scheme for RCHDs. In tandem with the legislative proposal, the Administration would introduce the pilot BPS aimed to encourage private RCHDs to upgrade their service standards.

35. In concluding the discussion, the Chairman said that the issues of concern raised at the meeting could be followed up by the Subcommittee on Residential and Community Care Services for Persons with Disabilities and the Elderly as appropriate.

II. Any other business

36. There being no other business, the meeting ended at 12:11 pm.

Panel on Welfare Services

Special meeting on Saturday, 13 March 2010

Pilot Bought Place Scheme for Private Residential Care Homes for Persons with Disabilities

Summary of views and concerns expressed by deputations

No.	Name of deputation	Major views and concerns
1.	The Parents' Association of Pre-School Handicapped Children [LC Paper No. CB(2)1062/09-10(01)]	<ul style="list-style-type: none"> ● generally supported the proposed pilot Bought Place Scheme ("BPS"), despite the pilot BPS could not meet the full demand from persons with disabilities ("PWDs") with various degrees and types of disabilities ● parents of PWDs were very concerned about the service quality and monitoring of private residential care homes for PWDs ("RCHDs"), and hoped that the introduction of the pilot BPS would encourage private RCHDs to upgrade their service standards, and help develop more service options for PWDs ● as the operating costs for subvented RCHD places was about \$9,000 per resident per month, it was unreasonable to offer one single contract price under the pilot BPS and set the government subsidy in the region of \$5,500 per resident per month across the board for different types of services concerned. Instead, the contract price should be determined based on the operating costs of respective types of private RCHDs ● since BPS placement would be offered to those on the waiting lists for subsidised RCHD places, PWDs concerned should be allowed to be remained on the waiting lists for a specified period after admission into BPS places so that if they decided not to stay at the BPS homes, they could remain on the waiting lists for admission to subsidised places ● considered that the Administration should devise service standards for private RCHDs, establish a complaints handling mechanism and set up a service monitoring group with the involvement of PWDs and their family carers

No.	Name of deputation	Major views and concerns
		<ul style="list-style-type: none"> ● concerned about the provision of day training and vocational rehabilitation services for PWDs living in BPS homes ● the Administration should consider adopting the concept of "money following users" to allow RCHD residents to choose different types of residential care services at different stages of their lives
2.	香港區私營院舍聯會 [LC Paper No. CB(2)1101/09-10(01)]	<ul style="list-style-type: none"> ● having regard to the waitlisting situation of subsidised RCHD places and the fact that PWDs could reside in private RCHDs without the need to go through the Standardised Assessment Mechanism for Residential Services for PWDs, the pilot BPS provided an immediate available service option for those on the waiting lists for subsidised RCHD places ● although most private RCHDs provided spacious open space for outdoor activities, such space was excluded from the calculation of net floor area per resident for the purpose of the pilot BPS
3.	新界區私營院舍聯會 [LC Paper No. CB(2)1101/09-10(02)]	<ul style="list-style-type: none"> ● under the pilot BPS, the net floor area per resident would be set at 8 m². This meant that most private RCHDs would have to expand or relocate in order to meet the new requirement so as to accommodate all the existing residents. However, in the light of the services of RCHDs, it was difficult for private RCHDs to find suitable premises because the operation of RCHDs was often met with local opposition, not to mention the higher rental for larger homes ● it would be financially viable for private RCHD operators to join the pilot BPS only if a reasonable amount of government subsidy was given
4.	Policy Group for Disable People	<ul style="list-style-type: none"> ● pointed out that most PWDs preferred to live in the community if sufficient home-based community care and support services were provided for them. In the light of the inadequate supply of subsidised residential care services, priority should be given to those PWDs who required intensive care ● considered that the Administration should provide more resources to – <ul style="list-style-type: none"> (a) enhance the community support services for PWDs;

No.	Name of deputation	Major views and concerns
		<p>(b) increase the financial assistance for PWDs; and</p> <p>(c) increase the number of subsidised RCHD places</p>
5.	Disable and Carers Concern Group	<ul style="list-style-type: none"> ● opined that PWDs should have the right to choose to live either in the community or in RCHDs ● pointed out that BPS placement would be limited to those being waitlisted for Long Stay Care Home or Hostel for Moderately Mentally Handicapped Persons, the care needs of those on the waiting lists for Hostel for Severely Mentally Handicapped Persons and Hostel for Severely Physically Handicapped Persons were neglected ● although 16 district support centres for PWDs had been set up, they could not meet PWDs' needs for home-based care services. The Concern Group considered that the Administration should provide more resources to improve the community support services for PWDs
6.	1 st Step Association [LC Paper No. CB(2)1101/09-10(03)]	<ul style="list-style-type: none"> ● considered that the provision of residential care services for PWDs was a transitional arrangement as most PWDs preferred to live in the community if sufficient home-based and community care services (e.g. rehabilitation exercises) were provided for them. To this end, a carer allowance should be provided to facilitate PWDs' continued living at home ● highlighted that it was stipulated in Article 19 of the United Nations Convention on the Rights of Persons with Disabilities that – <ul style="list-style-type: none"> (a) PWDs have the opportunity to choose their place of residence and where and with whom they live on an equal basis with others and are not obliged to live in a particular living arrangement; (b) PWDs have access to a range of in-home, residential and other community support services, including personal assistance necessary to support living and inclusion in the community, and to prevent isolation or segregation from the community; and (c) community services and facilities for the general population are available on an equal basis to PWDs and are responsive to their needs

No.	Name of deputation	Major views and concerns
7.	Concord Mutual-Aid Club Alliance [LC Paper No. CB(2)1092/09-10(01)]	<ul style="list-style-type: none"> ● welcomed the pilot BPS as it would encourage private RCHDs to upgrade their service standards, and help the market develop more service options for PWDs. Nevertheless, the Social Welfare Department ("SWD") should give due regard to the waitlisting situation of subsidised residential care services ● took the view that the Administration should consider purchasing more BPS places in private RCHDs so as to provide incentive for more private RCHDs to join the Scheme ● considered that BPS homes should be required to comply with higher service quality standards than those set out in the Code of Practice for RCHDs. In addition, a monitoring mechanism for BPS homes should be put in place ● appealed to the provision of day training and vocational rehabilitation services as well as social workers in BPS homes
8.	Direction Association for the Handicapped [LC Paper No. CB(2)1088/09-10(01)]	<ul style="list-style-type: none"> ● while supporting the pilot BPS, it cast doubt about the effectiveness of the Scheme in alleviating the waitlisting situation given that only 300 places were offered under the pilot BPS and there were over 6 000 PWDs waiting for subsidised RCHD places ● in addition to the three-pronged approach for providing residential care services for PWDs, the Administration should adopt a new thinking to devise other services for PWDs to enable them to live in the community independently ● urged the Administration to fully implement Article 19 of the United Nations Convention on the Rights of Persons with Disabilities
9.	Department of Social Work & Social Administration, The University of Hong Kong [LC Paper No. CB(2)1088/09-10(02)]	<ul style="list-style-type: none"> ● given that BPS placement would be offered to only about 5% of those on the waiting lists, this could not help shortening the waiting time for subsidised residential care services. PWDs and their carers had to choose BPS homes simply because they did not have other viable alternatives ● consideration should be given to stipulating the need for providing registered social workers and nurses in BPS homes

No.	Name of deputation	Major views and concerns
		<ul style="list-style-type: none"> ● stressed that BPS was a transitional arrangement only, and PWDs admitted to BPS homes should remain on the waiting lists for subsidised RCHD places if they so wished ● in order to monitor the service quality of and fee-charging arrangements in BPS homes, the Administration should set up a monitoring group comprising PWDs, parents of PWDs and stakeholders ● urged the Administration to shorten the waiting time for subsidised RCHD places by increasing the number of subsidised RCHD places, such as converting vacant government premises into subvented RCHDs ● to reduce the demand for residential care services, the Administration should consider providing PWDs with direct subsidy for community care and support services to enable them to live in the community independently ● the Administration should devise a long-term plan to provide diversified and people-oriented services for PWDs
10.	私營院舍社會工作者同盟 [LC Paper No. CB(2)1101/09-10(04)]	<ul style="list-style-type: none"> ● agreed that the pilot BPS would encourage private RCHDs to upgrade their service standards ● given that the entire BPS homes had to comply with the upgraded standards under BPS irrespective of the number of BPS places to be bought in a private RCHD, it was envisaged that higher home fees would be resulted. As 90% of the residents concerned were on Comprehensive Social Security Assistance ("CSSA"), they could not afford higher home fees after the homes were upgraded. Hence, BPS homes would have to make use of the subsidy for BPS places to upgrade the non-BPS places. It considered that the Administration should buy 50% to 80% of the recognised capacity of a private RCHD in order to make it financially viable for the private RCHD operators to join the pilot BPS and provide quality service ● expressed concern that the government subsidy in the region of \$5,500 per resident per month under the pilot BPS was inadequate for participating homes to provide quality service. It urged the Administration to take into account the actual operating costs of private RCHDs and raising the level of the contract price accordingly

No.	Name of deputation	Major views and concerns
11.	Hong Kong Association for Parents of Persons with Physical Disabilities [LC Paper No. CB(2)908/09-10(02)]	<ul style="list-style-type: none"> ● opined that the environment of private RCHDs was not suitable for persons with severely physical disabilities as these homes normally did not provide barrier free access facilities ● pointed out that many persons with physical disabilities would choose to live in the community. The cost of providing nursing care supplement for PWDs to live in the community was lower than residential care services. It urged the Administration to enhance the community care and support services for PWDs in a bid to alleviate the waitlisting situation of subsidised RCHD places ● it cautioned that it was not appropriate to put the two client groups (i.e. those with mental illness and mental handicap of moderate grade) under the same RCHDs having regard to the differences in residential and care needs
12.	The Hong Kong Council of Social Service [LC Paper No. CB(2)934/09-10(01)]	<ul style="list-style-type: none"> ● concerned that the government subsidy of \$5,500 per resident per month under the pilot BPS would be inadequate for the participating homes to provide quality service ● suggested that – <ul style="list-style-type: none"> (a) a service monitoring group comprising professionals, parents of PWDs and service users should be set up to monitor the service quality of BPS homes; (b) PWDs should be allowed to resume their original position in the waiting lists for subsidised RCHD places if they could not adapt to the living environment in BPS homes within the first year (c) private RCHDs should be encouraged to join the Voluntary Registration Scheme ("VRS") as it would help enhance the service quality standards of private homes and increase the number of quality BPS places that could be provided ● while the pilot BPS provided another option to address the residential care needs of PWDs, the Administration should continue to increase the number of subsidised RCHD places, support non-governmental organisations("NGOs") to develop self-financing homes, and devise a long-term plan for the provision of residential care services for PWDs

No.	Name of deputation	Major views and concerns
13.	新界東私營復康院舍聯會 [LC Paper No. CB(2)1101/09-10(05)]	<ul style="list-style-type: none"> ● concerned that the government subsidy of \$5,500 per resident per month under the proposed pilot BPS would be inadequate for the participating homes to provide quality service ● given that the entire BPS home would have to comply with the enhanced standards as stipulated under BPS, irrespective of the number of BPS places to be purchased, the Administration should purchase at least 50% of the capacity to make it financially viable for operators. Otherwise, it was concerned that the operators would have to make use of the subsidy to meet the costs for improvement works in respect of the non-BPS places bearing in mind that 90% of the private RCHD residents were CSSA recipients who could not afford higher home fees resulted from the improvement works ● considered that more flexibility should be made in respect of the staffing requirement to meet the different needs of residents
14.	新界西私營殘疾院舍聯會 [LC Paper No. CB(2)1101/09-10(06)]	<ul style="list-style-type: none"> ● considered that private RCHDs could fill the service gap arising from an inadequate number of subsidised residential home places and alleviate the waitlisting situation of subsidised places ● private RCHDs were endeavour to provide quality services to PWDs
15.	爭取私營院舍權益大聯盟 [LC Paper No. CB(2)1101/09-10(07)]	<ul style="list-style-type: none"> ● highlighted the difficulties faced by private RCHD operators in finding suitable premises for operation ● pointed out that a private RCHD would accommodate fewer residents under BPS as a result of imposing a higher net floor area per resident. Decanting arrangement for the existing residents was unavoidable ● concerned that private RCHD operators could not meet the additional staff cost and expenses for carrying out improvement works to meet the enhanced BPS requirements, and appealed to the Administration to provide financial assistance for private RCHDs to tide over the financial difficulties

No.	Name of deputation	Major views and concerns
16.	Hong Kong Private Hostel for Rehabilitation Association [LC Paper No. CB(2)1101/09-10(08)]	<ul style="list-style-type: none"> ● highlighted the findings of a questionnaire on the pilot BPS conducted by the Association among private RCHD operators – <ul style="list-style-type: none"> (a) 17% of the respondents indicated that they would close down their RCHDs after the introduction of the licensing scheme; and (b) 26% of the respondents would join the pilot BPS ● opined that the lukewarm response to VRS was due to the fact that private RCHD operators could not afford the additional costs (about \$250,000 to \$500,000) for carrying out improvement works to meet the BPS requirements. The Administration should consider providing financial assistance to the operators ● enquired about the number of BPS places to be bought from a private RCHD. It cautioned that it would be financially viable for private RCHDs to carry out improvement works to meet the BPS requirement only if no less than 70% of places would be bought from a private home ● the staffing requirement for BPS homes would inevitably increase the staff cost and the operation cost of RCHDs
17.	爭取資助院舍聯席 [LC Paper No. CB(2)1088/09-10(03)]	<ul style="list-style-type: none"> ● apart from introducing the pilot BPS to alleviate the waitlisting situation of subsidised residential care places, the Administration should formulate a long-term plan for increasing the number of subsidised RCHD places and set targets for admission to subsidised residential care places ● the Administration should monitor the service quality standards of private RCHDs, and enhance the transparency in monitoring private RCHDs and communications between parents of PWD residents and the RCHD operators by, say, setting up service monitoring groups comprising service users and their family members ● given that the service needs of persons with mental illness and mental handicap of moderate grade were not the same, they should not be put under the same BPS homes

No.	Name of deputation	Major views and concerns
		<ul style="list-style-type: none"> ● consideration should be given to spelling out explicitly the staffing requirement per shift in BPS homes, and including social workers and nurses in the staffing requirement under the pilot BPS as well as extending the Visiting Medical Practitioners Scheme to BPS homes ● the Administration should consider extending BPS to self-financing homes operated by NGOs to provide more service options for PWDs
18.	The Hong Kong Joint Council of Parents of the Mentally Handicapped [LC Paper No. CB(2)1044/09-10(02)]	<ul style="list-style-type: none"> ● while supporting the pilot BPS, the proposed number of places to be purchased was insignificant to alleviate the waitlisting situation of subsidised residential care places. It urged the Administration to formulate a long-term plan in this respect ● considered that complementary measures should be introduced together with the launch of the pilot BPS, viz. providing transportation arrangement for residents of BPS homes, and providing rehabilitation services and sheltered workshop for residents and social workers to follow up the welfare needs of the residents ● residents of BPS homes should be allowed to be remained on the waiting lists for subsidised residential care places after admission into BPS places ● opined that a service monitoring group with parents' involvement should be set up to monitor the service quality of BPS homes
19.	The Forthright Caucus	<ul style="list-style-type: none"> ● having regard to the fact that only six private RCHDs had joined VRS, the service standards of RCHDs remained an issue of concern ● disappointed that under the pilot BPS, some proposed requirements were lower than the minimum standards set out in the existing Code of Practice for RCHDs issued in 2002 ● the number of BPS places to be bought under the pilot BPS was far from adequate to alleviate the waitlisting situation of subsidised residential care places ● pointed out that PWDs would prefer to live in the community if sufficient home-based care and support services were provided to them

No.	Name of deputation	Major views and concerns
		<ul style="list-style-type: none"> considered that apart from adopting the three-pronged approach for providing residential care services for PWDs, the Administration should devise a long-term plan to increase the provision of subsidised RCHD places
20.	Democratic Alliance for Betterment of Hong Kong and Progress of Hong Kong	<ul style="list-style-type: none"> welcomed the proposed pilot BPS, despite the Administration had yet to increase the number of BPS places and enhance the service quality of private RCHDs considered that the Administration should draw up a long-term plan to alleviate the waitlisting situation of subsidised RCHD places took the view that the number of BPS places to be bought in each RCHD should be set at a level to make it financially viable for private RCHDs to join the Scheme the Administration should provide more resources to enhance the community support services for PWDs so that they could choose to live in the community consideration should be given to including social workers in the staffing requirement for BPS homes
21.	殘疾人士成人服務大聯盟 [LC Paper No. CB(2)1101/09-10(09)]	<ul style="list-style-type: none"> supported the pilot BPS as it could help the market develop more service options for PWDs and shorten the waiting time for subsidised RCHD places. It urged the Administration to implement the pilot BPS expeditiously considered that the Administration should provide more resources to private RCHDs to enhance the service quality and make it financially viable for operators to join the pilot BPS suggested that the Administration should provide concrete assistance and incentives to encourage private RCHD operators to provide or expand residential care home services in a bid to alleviate the waitlisting situation of subsidised residential care services
22.	香港殘疾人士成人服務促進會 [LC Paper No. CB(2)1101/09-10(10)]	<ul style="list-style-type: none"> supported the pilot BPS as it could help the market develop more service options for PWDs and shorten the waiting time for subsidised residential services. It urged the Administration to implement the pilot BPS expeditiously

No.	Name of deputation	Major views and concerns
		<ul style="list-style-type: none"> ● considered that the Administration should provide subsidy for private RCHDs in providing rehabilitation services and vocational training for their residents ● opined that the Administration should take the lead to collaborate with NGOs and private operators to increase the provision of RCHD places
23.	殘疾人士成人服務關注組 [LC Paper No. CB(2)1101/09-10(11)]	<ul style="list-style-type: none"> ● urged the Administration to – <ul style="list-style-type: none"> (a) enhance the day care services to enable PWDs to live in the community; (b) monitor the service quality of BPS homes; (c) increase the CSSA payments for PWDs so as to meet the higher homes fees of better quality private homes, and increase the level of subsidy for each BPS place; (d) expedite the introduction of the pilot BPS
24.	Home of the Elderly Consultancy Ltd [LC Paper No. CB(2)1092/09-10(02)]	<ul style="list-style-type: none"> ● considered that the Administration should devise a long-term strategy to shorten the waitlisting situation of subsidised RCHD places ● consideration should be given to setting up different types of RCHDs with a view to providing tailor-made services and activities to meet the specific needs of various types of disabilities ● suggested that the Administration should introduce a licensing scheme for RCHDs and an accreditation system for RCHDs, as well as set up a complaints mechanism with the involvement of PWDs and their parents ● considered that the Administration should encourage participation of social enterprises and NGOs in providing residential care services for PWDs ● given that over 90% of residents in private RCHDs were CSSA recipients, consideration should be given to increasing the CSSA payments to enable these residents to meet the increase in home fees arising from the improvement works in RCHDs

No.	Name of deputation	Major views and concerns
		<ul style="list-style-type: none"><li data-bbox="824 161 2121 225">• opined that the Administration should consider adopting the concept of "money following users" such that PWDs could make their own choice of quality private RCHDs

Council Business Division 2
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