

**For discussion  
on 14 December 2009**

**LEGISLATIVE COUNCIL  
PANEL ON WELFARE SERVICES**

**Provision of Additional Subsidised Residential Care Places  
as announced in the Policy Address 2009-10**

**Purpose**

This paper elaborates on the initiatives announced in the Chief Executive's 2009-10 Policy Address in respect of the provision of additional subsidised residential care places for the elderly and persons with disabilities (PWDs).

**Residential Care Places for the Elderly**

*Overview*

2. At present, the Government is providing about 26 000 subsidised places in residential care homes for the elderly (RCHEs), serving about 45% of all elders staying in RCHEs throughout the territory. Compared with about 16 000 subsidised places in 1997, this represents an increase of 60%. The Government's expenditure on elderly services has also risen from \$1,620 million to \$3,980 million over the period, representing an increase of 145%. As of 2009-10, 60% of this is expenditure on residential care services.

3. There are three different types of subsidised places, namely, places provided in subvented RCHEs run by non-governmental organisations (NGO), places in contract RCHEs, and places in private RCHEs participating in the Enhanced Bought Place Scheme (EBPS).

*New initiatives to increase the provision of subsidised residential care places*

4. Like other well-developed economies, Hong Kong is confronted with the challenges posed by an ageing population. With increased longevity, there will inevitably be more profound morbidity among the elderly population, and the level of care to be provided to frail elders in residential care settings has to be enhanced. In view of the

relatively long waiting time for subsidised nursing home (NH) places and limited supply of NH places in the private market, the Government will focus its effort on increasing the provision of NH places and long-term care (LTC) places with continuum of care (COC), which can cater for the needs of frail elders requiring nursing care. In particular, we will adopt a novel multi-pronged approach to accelerate the provision of subsidised NH places and places with COC. We will -

- (a) increase the proportion of NH places in existing contract RCHEs;
- (b) purchase vacant NH places from self-financing homes; and
- (c) make full use of the space in existing subvented RCHEs to provide more LTC places with COC under the conversion programme.

The ensuing paragraphs set out the details of the new approach.

(a) Increasing the proportion of NH places in existing contract RCHEs

5. Since 2001, the Government has awarded 16 contracts through open tender for operating purpose-built subsidised RCHEs.

6. Fourteen of these RCHEs have commenced service and the two remaining ones will also open in early 2010. Together they will provide about 1 220 subsidised places, about half of which are NH places, while the remaining half are care and attention (C&A) places. In order to increase the provision of subsidised NH places, we plan to raise the proportion of NH places in these RCHEs from 50% on average to 90%. The Social Welfare Department (SWD) will discuss with the operators the implementation details, including the additional manpower requirement and upgrading of furniture or equipment, with a view to increasing the provision of NH places in contract RCHEs in phases.

(b) Purchasing vacant NH places from self-financing homes

7. As at September 2009, there were four self-financing NHs and one self-financing home having both RCHE and NH licences<sup>1</sup>, providing a total of 332 NH places. In addition, there are about 30 self-financing homes operating with an RCHE licence and offering residential care

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<sup>1</sup> At present, operators of NHs are required to obtain a licence under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap 165) issued by the Director of Health, while operators of RCHEs are required to obtain a licence under the Residential Care Homes (Elderly Persons) Ordinance (Cap 459) issued by the Director of Social Welfare.

places up to C&A level only, but many of them are on purpose-built premises and can therefore be upgraded to provide NH places. These two types of self-financing homes, now with a vacancy rate of about 30%, are all operated by NGOs such as Tung Wah Group of Hospitals, Hong Kong Sheng Kung Hui Welfare Council, Haven of Hope Christian Service and St. James' Settlement, etc. which have rich experience in operating elderly services. To utilise their spare capacity, we intend to purchase vacant places from the NHs and also from the other RCHEs if they can upgrade their places to NH places. As some of these places are already in the market, we hope that this initiative can be implemented as soon as practicable. The additional number of subsidised NH places to be provided eventually will depend, among other things, on the response of the service operators as well as the feasibility and speed of upgrading the C&A places to NH places.

*(c) Making full use of the space in existing subvented RCHEs to provide more LTC places with COC under the conversion programme*

8. To enhance the care capability of subvented RCHEs, SWD launched a conversion programme in June 2005 to convert, in phases, residential care places in 75 subvented RCHEs which did not have LTC element to LTC places providing COC. As such, elders can continue to stay in the same subvented RCHE when their health deteriorates and need not switch to another RCHE which can provide a higher level of nursing care.

9. Preliminary assessment of the space provision of the 75 conversion homes indicates that 58 of them have surplus areas for in-situ expansion. Since the concerned RCHE premises are readily available and the concerned operators are all experienced in running the services, we consider this approach a relatively speedy way to increase the supply of LTC places with COC, although the conversion works will have to be carried out in phases to minimise disruption to existing residents.

***Development of new contract RCHEs***

10. In addition to the above new initiatives, SWD will continue to increase the supply of subsidised residential care places through development of new contract RCHEs. In this regard, five new RCHEs located in Sham Shui Po, Tai Kok Tsui (Cherry Street and Tai Kok Tsui Road), Tung Chung and Sai Ying Pun will commence service in the next three years. They will provide a total of 308 subsidised places (of which 277 are NH places) and 205 non-subsidised places. Besides, SWD has

earmarked sites in another 12 development projects<sup>2</sup> for the construction of new contract RCHEs in the long run.

### *Community care services for elders on the waiting list for subsidised residential care places and their carers*

11. In line with our policy of supporting “ageing in place as the core, institutional care as back-up”, the Government has been providing elders with subsidised community care services. These include centre-based day care services and home-based care services for elders who have difficulties in taking care of themselves. At present, about 27 000 elders are using these subsidised community care services.

12. It is worth noting that many elders on the waiting list for subsidised residential care places are receiving community care services. These services give elders the necessary support and help relieve the burden and stress of their carers. In 2010, we will continue to strengthen the community care services by providing 80 additional day care places in Tsuen Wan, Tai Po, Sham Shui Po and Southern District. As undertaken in the 2009-10 Policy Address, we will also work with the Elderly Commission to examine ways to enhance home care services for the elderly using a more flexible and diverse mode of service delivery, involving, for instance, social enterprises and private operators.

## **Residential Care Places for PWDs**

### *Overview*

13. The overall objective of our rehabilitation policy is to support the full integration of PWDs into society. To this end, the Government provides a range of rehabilitation services seeking to assist PWDs to develop their physical, mental and social capabilities to the fullest possible extent and to promote their integration into the community. For those who cannot live independently or cannot be adequately cared for by their families, we provide various kinds of subsidised residential care services to meet their diverse residential needs at different stages of their lives. These services include –

- (a) Hostel for Severely Mentally Handicapped Persons;
- (b) Hostel for Moderately Mentally Handicapped Persons;

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<sup>2</sup> These development projects include public housing estate development projects, projects undertaken by the Urban Renewal Authority, private development projects and the development of a Government joint-user complex.

- (c) Supported Hostel;
- (d) Care and Attention Home for Severely Disabled Persons;
- (e) Hostel for Severely Physically Handicapped Persons;
- (f) Long Stay Care Home;
- (g) Halfway House;
- (h) Care and Attention Home for the Aged Blind;
- (i) Small Group Home for Mildly Mentally Handicapped Children/  
Integrated Small Group Home;
- (j) Residential Special Child Care Centre; and
- (k) Integrated Vocational Training Centre (Residential Service).

14. In accordance with the 2007 Rehabilitation Programme Plan, the Government has been adopting a three-pronged approach to encourage participation from different sectors in providing diversified residential care services for PWDs, viz –

- (a) regulating the residential care homes for PWDs through a statutory licensing scheme, so as to ensure their service quality on one hand and help the market develop residential care homes of different types and operational modes on the other;
- (b) supporting NGOs to develop self-financing homes; and
- (c) continuing to steadily increase the number of subsidised residential care home places.

15. In line with the above strategic directions, the Government has been continuously increasing the provision of subsidised residential places in recent years. To help the market develop more service options and increase the overall supply of subsidised residential places for PWDs, we plan to introduce a pilot Bought Place Scheme (BPS) as a complementary measure prior to the implementation of a statutory licensing system. These new initiatives are detailed in the ensuing paragraphs.

### *New initiatives to increase the provision of subsidised residential care places*

16. At present, there are about 11 100 subsidised places in residential care homes for PWDs (RCHDs), representing an increase of about 74% over the number of places in 1997. The Government's expenditure on rehabilitation and medical social services under SWD has also risen from \$ 1,395 million in 1997-98 to \$3,378 million in 2009-10, representing an increase of 142%. As of 2009-10, 37.4% of this is expenditure on residential care services for PWDs. The demand for various rehabilitation services for PWDs has been constantly on the rise. To meet the growing demand, we strive to increase steadily the provision of places of rehabilitation services for PWDs. Over the past three years, we have provided 517 additional subsidised places in RCHDs. We expect to provide 671 additional places in the coming two years, including the setting up of two integrated rehabilitation services centres in Kwai Chung and Ho Man Tin in the coming year, providing a total of 490 residential care places. We will continue our efforts to provide additional subsidised residential care places as undertaken in the 2009-10 Policy Address and have earmarked sites in another six development projects<sup>3</sup> for the construction of new RCHDs in the longer run.

### *Pilot BPS as a complementary measure for the introduction of statutory licensing scheme for RCHDs*

17. To regulate the operation of RCHDs and ensure their service quality, we plan to introduce the Residential Care Homes (Persons with Disabilities) Bill into the Legislative Council in the 2009-10 legislative session to implement a licensing scheme for RCHDs. In tandem with the legislative proposal, we will 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, we will introduce a pilot BPS prior to the implementation of the statutory licensing system with a view to upgrading the service standard of these homes through enhanced requirements in staffing and space standard, helping the market develop more service options for PWDs, and increasing the supply of subsidised residential care places.

18. SWD is collecting views from stakeholders on the complementary measures and will further consult the Rehabilitation Advisory Committee and this Panel when details of the proposals are

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<sup>3</sup> These development projects include public housing estate developments, projects under the Urban Renewal Authority and conversion of Government premises etc.

ready.

### *Other enhancement measures for residential care and support services*

#### *Enhancing care and support for ageing service users in rehabilitation homes*

19. In view of the ageing trend of the service users in rehabilitation homes, in particular for those living in Hostels for Severely Mentally Handicapped Persons and Hostels for Moderately Mentally Handicapped Persons, the Government will strengthen the physiotherapy service and health care support for the ageing users of these residential care homes. This will help keep the ageing service users physically sound and preserve their basic self-care abilities, and enhance health care support for them, e.g. support in drug administration and management of medical emergency.

#### *Community support for PWDs on the waiting list for subsidised residential care places and their family carers*

20. At present, the majority of PWDs on the waiting list for subsidised residential care places are receiving various day training, vocational rehabilitation and community support services provided by the NGOs under SWD's subvention. These include services at day activity centres and sheltered workshops, services in supported employment and day care service for persons with severe disabilities, etc. Through the provision of rehabilitation services in accordance with individual needs, PWDs are given the necessary support and assistance which enables them to continue to live in the community while relieving the burden on and the stress of their families or carers. Over the past few years, the Government has made active efforts in developing day care and community support services with a view to providing the PWDs with the necessary training and support to facilitate their continuous living at homes and full integration into the community. At present, the Government provides over 16 300 places for day and vocational rehabilitation training for the PWDs and the total expenditure in this respect amounts to over \$760 million in 2008-09. In 2010-11, we will continue our efforts to provide additional places of day and vocational rehabilitation training as undertaken in the 2009-10 Policy Address.

21. We have introduced a new service mode for enhancement of community support services. In January 2009, SWD set up 16 district support centres for PWDs to provide one-stop service for strengthening the support for PWDs residing in the community and their family

members through re-engineering the home-based training and support service. Following the setting up of the first integrated community centre for mental wellness in Tin Shui Wai in March 2009, we will, as undertaken in the 2009-10 Policy Address, apply this model across the territory to provide district-based, one stop and integrated community support services for persons with mental health problems and their family carers.

### **Advice Sought**

22. Members are invited to note the content of this paper.

Labour and Welfare Bureau  
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