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Panel on Welfare Services

**Report of the Subcommittee on Residential and Community Care Services
for Persons with Disabilities and the Elderly**

Purpose

This paper reports on the deliberations of the Subcommittee on Residential and Community Care Services for Persons with Disabilities and the Elderly ("the Subcommittee").

The Subcommittee

2. At the meeting of the Panel on Welfare Services ("the Panel") on 11 January 2010, members agreed that a Subcommittee should be appointed to study policies and measures relating to the provision of residential care places and community care services for persons with disabilities ("PWDs") and the elderly. The terms of reference and membership of the Subcommittee are set out in **Appendices I and II** respectively.
3. The approval of the House Committee was obtained on 5 February 2010 for the Subcommittee to commence work and on 25 February 2011 for it to continue to work in the 2010-2011 session in accordance with House Rule 26(c).
4. Under the chairmanship of Hon CHEUNG Kwok-che, the Subcommittee held 12 meetings. The Subcommittee also received views from 57 deputations on various issues of concern at six of its meetings. A list of the deputations which have given views to the Subcommittee is in **Appendix III**.

Deliberations of the Subcommittee

5. The Subcommittee has examined the long-term strategy for increasing the provision of residential care services as well as the new initiatives to enhance the community care and support services for the elderly and PWDs. The Subcommittee has also taken into consideration the views of the public, service users and non-governmental organisations ("NGOs") providing such services. The Subcommittee's deliberations are summarized in the following paragraphs.

Residential care places for PWDs ("RCHDs")

An overview

6. At present, there are about 11 682 subsidised residential care places for PWDs. Various kinds of subsidised residential care services are provided to those who cannot live independently or cannot be adequately cared for by their families. These services include –

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

7. According to the Administration, it has been adopting the following three-pronged approach in accordance with the 2007 Rehabilitation Programme

Plan to encourage participation from different sectors in providing residential care services for PWDs –

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

There are three types of RCHDs, namely subvented RCHDs, self-financed RCHDs operated by NGOs and private homes.

8. The current provision, the number of PWDs on the waiting list and the average waiting time for the respective types of subvented residential care homes are set out in **Appendix IV**.

Waitlisting situation

9. Members have expressed grave concern about the waitlisting situation of subsidised residential care places for PWDs. Members note with concern that the average waiting time for the Hostel for Severely Physically Handicapped Persons and the Hostel for Severely Mentally Handicapped Persons in 2008-2009 was 112.4 months and 51.6 months respectively. They consider the average waiting time unacceptable. Members generally are of the view that it is the Government's responsibility to provide adequate residential care places for those PWDs who have long-term care needs. In this regard, the Subcommittee has repeatedly urged the Administration to draw up a specific timetable and long-term plan to increase the number of and shorten the waiting time for subsidised residential care places. Specifically, the Administration should make a pledge for the allocation of subsidised residential care places.

10. The Administration has advised that it is mindful of the increasing demand for various rehabilitation services for PWDs. According to the Administration, there are currently about 11 682 RCHD places, representing an increase of about 81.3% since 1997. Over the past three years, it has provided 1 015 additional subsidised places in RCHDs. Coupled with the allocation for recurrent expenditure already earmarked, the Government will provide a total of 1 046 additional residential care places in 2010-2011 and 2011-2012.

Additional provision of subsidised residential care places for PWDs under planning

11. The Subcommittee has noted the Administration's plan to introduce a number of new initiatives to increase the provision of subsidised residential care places in the next few years. To regulate the operation of RCHDs and ensure their service quality, the Residential Care Homes (Persons with Disabilities) Bill was introduced into the Legislative Council in the 2009-2010 session to implement a statutory licensing scheme on RCHDs. In line with the strategic directions set out in paragraph 7 above, a four-year pilot Bought Place Scheme for private RCHDs has been launched since October 2010 with a view to encouraging private operators of RCHDs to upgrade service standard, shortening the waiting time for services by increasing the overall supply of subsidised residential care places, and helping the market develop more service options. The target is to purchase 300 places by two phases under the Scheme. According to the Administration, subject to compliance with the requirements of the Scheme by the selected operators, the Social Welfare Department ("SWD") expects to purchase about 100 residential care places in 2011-2012.

12. Concern was also raised about the Administration's specific plan in place to support NGOs to develop self-financing homes under the three-pronged approach to encourage participation from different sectors in providing residential care services for PWDs.

13. The Administration has explained that the Government will provide assistance to NGOs in identifying suitable premises, rendering support for concessionary rental and funding for fitting-out cost in setting up the welfare facilities. To this end, a total of 325 residential care places for persons with various types of disabilities operated on self-financing basis are being provided.

14. Noting that 5 559 cases (91%) are assessed under the Standardised Assessment Mechanism for Residential Services for PWDs to be in need of various types of residential services, members consider the additional places far from adequate to meet the demand. To monitor the progress of provision of subvented residential care services for PWDs, members stress the need for the Administration to set specific targets for admission to various types of residential care services and shortening the waitlisting situation.

15. According to the Administration, it fully recognises the huge demand for subsidised residential care services and will continue to bid for additional resources to increase the supply of such places, it is difficult to set targets for admission to subsidised residential care places as the provision of such places is affected by various factors such as the availability of suitable sites/premises.

As at the end of April 2011, the Government has already earmarked 10 sites in future development projects for the construction of new RCHDs. There will be an estimated additional provision of around 1 006 subsidised residential care places in 2012-2013 to 2016-2017, subject to the progress of project planning and preparation works. Details are set out in the table below –

District	Service targets	Number of places to be provided in 2012-2013 to 2016-2017
Kowloon West	Severely physically	320
Kowloon East	handicapped persons,	200
New Territories West	severely mentally	210
New Territories East	handicapped persons,	226
Hong Kong Island	moderately mentally handicapped persons and the ex-mentally ill persons	50
	Total	1 006

Note : According to the Administration, the numbers of places are estimated on the basis of the information and projects in hand. Given that these projects are still in the planning stage, the type of service and number of places to be provided in each project may change subject to the actual size and design of the premises, etc. Hence, it is not able to provide a breakdown of the estimated service places by service type at this stage.

The Administration has assured members that it will continue to step up efforts in identifying new resources and suitable sites for setting up new RCHDs in order to maintain a steady increase in the provision of subsidised residential places for PWDs.

Community care services for PWDs

16. According to the Administration, the overall objective of the rehabilitation policy is to support full integration of PWDs into the community. To cater for the increasing service demand and changing needs of PWDs, SWD has introduced a series of new initiatives in recent years to enhance the community care and support services for PWDs.

Pilot Scheme on Home Care Service for Persons with Severe Disabilities

17. Members support the launch of the three-year pilot scheme to try out a new package of home-based support services in Tuen Mun and Kwun Tong districts with the largest number of persons with severe disabilities waiting for subvented residential care services at Hostel for Severely Mentally Handicapped Persons, Hostel for Severely Physically Handicapped Persons and Care and Attention Home for Severely Disabled Persons. Some members consider it necessary to expand the Pilot Scheme expeditiously to cover all eligible persons with severe disabilities in the 18 districts, irrespective of whether they are on the waiting lists for subvented residential care services.

18. The Administration has advised that it is mindful of the acute waitlisting situation of residential care services for persons with severe disabilities. The Pilot Scheme seeks to facilitate PWDs' continued living at home while waiting for residential care services, and help relieve stress of their family carers. PWDs who join the Scheme will remain on the waiting lists for subsidised residential care services. The Administration will conduct a mid-term review to monitor the progress and refine the operational details as appropriate after launching of the Pilot Scheme. An overall review will be conducted before the expiry of the pilot period to assess its long-term feasibility. Should the review findings be encouraging, the Administration will consider bidding necessary funding for the projects on a longer term and extending the Scheme to other districts after the three-year pilot period.

District Support Centres for PWDs ("DSCs")

19. Members note that to better cater for the needs of persons with different types of disabilities and provide them with services in one-stop manner, SWD has set up 16 DSCs through re-engineering of existing community support services in January 2009. DSCs also provide training and support services to the family members and carers of PWDs so as to strengthen their caring capacity and to relieve their stress. The Subcommittee is given to understand from the deputations that only two of the 16 DSCs have been in operation because of the difficulties in finding suitable premises for setting up the centres and recruiting the relevant professionals, such as clinical physiologists and physiotherapists for service delivery. Members share the view of the deputations on the need for the Administration to identify and reserve suitable sites for setting up welfare facilities and project staff requirement prior to the implementation of new service initiatives.

20. The Administration has assured members that it will endeavour to secure premises for setting up 16 DSCs expeditiously to provide PWDs and their family members/carers with one-stop community support services which aim at enhancing the domestic and community living skills of PWDs, thereby facilitating their integration into the community. As of May 2011, three DSCs have commenced service at their permanent accommodation. Fitting-out works for the permanent accommodation of seven DSCs are underway, and these seven DSCs are expected to commence service at their permanent accommodation during the period from mid to end of 2011. In addition, SWD is proceeding with the preparatory work, including application for change of land use and application for Lotteries Fund for fitting-out works, etc., for the permanent accommodation of the DSC in Tuen Mun. SWD has also identified suitable premises at development projects for four DSCs and will continue to actively identify suitable premises for the remaining DSC.

Integrated Community Centre for Mental Wellness ("ICCMWs")

21. Members have expressed support for the launch of ICCMW service mode to provide one-stop and integrated community health support services to discharged mental patients, persons with suspected mental health problem, their families and carers and residents living in the district. Members are pleased to note the success of the pilot operation of the ICCMW in Tin Shui Wai and the additional annual provision of about \$70 million to expand the integrated service model to all the 18 districts in 2010-2011.

22. Notwithstanding the successful experience of the ICCMW in Tin Shui Wai, members note with concern a lot of difficulties encountered by ICCMWs, such as lack of permanent premises, opposition from local residents and shortage of manpower. Members have expressed grave concern about the implementation plan for expanding the services across the territory.

23. The Administration has assured members that it is mindful of the operational difficulties faced by ICCMW operators and will give flexibility to service operators to enable them to make optimal use of available resources under constrained circumstances. To solve the problem relating to ICCMW premises, the Administration is actively identifying suitable premises in various districts through long, medium and short-term planning. For long-term planning, SWD will continue to keep in close contact with relevant government departments, including the Lands Department ("LandsD"), the Planning Department ("PlanD"), the Housing Department ("HD"), etc. in order to reserve premises for ICCMW purpose at the planning stage of new development or redevelopment projects. In the medium and short-term, the Administration will closely monitor the availability of government property and school

premises which will become vacant as a result of service reengineering. It will also explore the possibility of converting vacant public housing units into ICCMWs.

24. According to the Administration, there are currently 24 ICCMW service points across the territory. Apart from the ICCMW in Tin Shui Wai which has secured permanent accommodation, five Training and Activity Centres for Ex-mentally ill Persons have been converted into ICCMWs. SWD has also secured two public housing estate premises on Hong Kong Island and in Kowloon East respectively and a new development site in Tin Shui Wai for use as ICCMW premises. Furthermore, SWD has identified another seven sites at public housing estates for the purpose, and is now undertaking the necessary preparatory work which includes consultation with the local communities to enlist support for setting up these service points. Pending availability of permanent accommodation, the operators of other ICCMWs will make use of suitable premises of their organisations as temporary service points to provide one-stop community support services in their service areas. For some ICCMWs which have no suitable premises in their service areas for the time being, the operators will provide services including outreaching visits, group services, casework counselling, activities and community education through existing facilities and networks, such as schools and welfare services units, in their respective districts.

25. Members note that the Administration is also actively considering the feasibility of the operators' proposals for setting up ICCMWs on commercial premises. Rental support will be provided to operators of ICCMWs for the purpose, the amount of which will be capped by the standard provision for a full-scale set of welfare premises in the public sector at \$45 per square metre. In addition, funding support from the Lotteries Fund will be provided to meet the non-recurrent commitments for setting-up costs and procurement of furniture and equipment for ICCMW purpose.

26. While appreciating the efforts made by the Administration in securing premises for ICCMWs, members attribute the slow progress to the hasty implementation of the new service mode without consultation with the stakeholders and enlisting local residents' support for setting up ICCMWs in the vicinity. The proposed level of rental support for renting commercial premises for ICCMWs is also unrealistic.

27. The Administration has assured members that it will continue to organise service briefings and activities to enhance local residents' understanding of ICCMWs' service, and to enlist local support with a view to securing permanent accommodation for the remaining ICCMWs as soon as possible.

Residential care services for the elderly

An overview

28. According to the Administration, it is currently providing about 26 000 subsidised places in residential care homes for the elderly ("RCHEs"), serving about 44% 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 \$3,900 million over the period, representing an increase of 140%. As of 2009-2010, 60% of the expenditure is on residential care services.

29. The subsidised places are provided in subvented RCHEs run by NGOs, contract RCHEs and private RCHEs participating in the Enhanced Bought Place Scheme ("EBPS"). The current provision by service type, the number of elders on the waiting lists and the average waiting time are set out in **Appendix V**.

Waitlisting situation

30. Members reckon that the demand for residential care services will continue to increase, having regard to an ageing population and the fact that not all elders are suitable to "age in place" due to individuals' health conditions and living environment. Members consider that it is the Government's responsibility to provide adequate residential care places for those elders who have long-term care needs. In this connection, the Administration should project the demand for residential care services, formulate a long-term policy on the provision of quality subsidised residential care places at affordable fee levels, and set specific targets for shortening the waiting time for various types of residential care places.

31. The Administration has explained to members the difficulties in setting targets for admission to subsidised residential care places. The provision of subsidised residential care places is affected by various factors, such as the availability of suitable sites and the preference of individual waitlistees. Generally speaking, where the elders have no specific preference for RCHEs, for instance, in terms of their location or religious background, the average waiting time for subsidised Care and Attention ("C&A") places in subvented/contract RCHEs is 14 months, and the average waiting time for subsidised C&A places under EBPS is two months only.

New initiatives to increase the provision of subsidised residential care places for the elderly

32. The Subcommittee takes note that in view of the relatively long waiting time for subsidised nursing home ("NH") places and the limited supply of places to cater for the needs of frail elders requiring nursing care in the private market, the Government has decided to focus its effort on increasing the provision of NH places and long-term care places offering a continuum of care. The Administration has introduced the following new initiatives -

- (a) increasing the proportion of NH places in existing contract RCHEs from 50% on average to 90% upon contract renewal or re-tendering;
- (b) purchasing vacant NH places from self-financing homes; and
- (c) making full use of the space in existing subvented RCHEs to provide more long-term care places with continuum of care under the conversion programme.

33. Members note that in addition to the above new initiatives, the Administration has pledged to increase the supply of subsidised residential care places through the development of new contract RCHEs. A total of six new RCHEs located in Sham Shui Po, Tai Kok Tsui (Cherry Street, Tai Kok Tsui Road and Hoi Ting Road/Hoi Wang Road junction), Tung Chung and Sai Ying Pun will commence service in the next four years, providing a total of 398 subsidised places (of which 358 are NH places) and 265 non-subsidised places. SWD has earmarked sites in another 10 development projects for the construction of new contract RCHEs in the long run. The projected supply of subsidised residential care places for the elderly from 2011-2012 to 2014-2015 is set out in the table below.

Year	2011-2012	2012-2013	2013-2014	2014-2015	Total
No. of NH places ^{Note 1}	594 (256)	278	287	46	1 205
No. of C&A places ^{Note 2}	644 (393)	411 (400)	21	0	1 076
Total	1 238	689	308	46	2 281

Note 1: The above NH places will be provided through seven new contract RCHEs and Nursing Home Places Purchase Scheme ("NHPPS"). The seven contract RCHEs are located in Central and Western, Islands, Sha Tin, Sham Shui Po and Yau Tsim Mong districts. Figures in brackets denote the number of additional places to be created under NHPPS.

Note 2: The C&A places will be provided all over the territory. Figures in brackets denote the number of additional places to be created under EBPS.

34. While welcoming the initiatives to increase the provision of residential care places, members stress the need to set specific targets for admission to and shortening the waiting time for various types of residential care places, in particular for the provision of NH places for a specified percentage of the elderly population. Members have called on the Administration to project the demand for long-term care places for the elderly population so as to better plan for the additional number of residential care places to be provided in the coming years.

35. The Administration has drawn members' attention to the different types of government subsidy/subsidised services received by many elders on the central waiting list for subsidised residential care places. These subsidy and subsidised services provide elders with the necessary support and help relieve the burden and stress of their carers. As at February 2010, of the 6 300 elders waiting for subsidised NH places, 700 were receiving subsidised community care services; 170 were staying in subvented RCHEs; 2 800 were staying in private/self-financing RCHEs and receiving Comprehensive Social Security Assistance ("CSSA"); and some 200, being CSSA recipients, stayed at home and had not used any subsidised community care services.

36. The Subcommittee has considered the feasibility of adopting the concept of "money following users" or the co-payment arrangement under which the elders and their family members can choose quality private RCHEs.

37. In the view of the Administration, as revealed in the findings of the consultancy study on residential care services for the elderly initiated by the Elderly Commission, the implementation of a voucher scheme for residential care services is likely to induce substantial demand for residential care places, resulting in premature or unnecessary institutionalisation. The Administration has no intention of introducing a voucher scheme before the mature development of community care services when elders will be able to make the most appropriate choice according to their needs.

38. As regards members' proposal of setting up small group homes for providing more residential care services for the elderly, the Administration has explained that the proposal should be further studied from the cost-effectiveness

perspective. Currently, a residential care home accommodating more than five elderly residents is subject to the licensing requirements stipulated in the Residential Care Homes (Elderly Persons) Ordinance (Cap. 459).

Service standards and quality of RCHEs

39. The Subcommittee shares the concerns of many deputations about the service standards and quality of private RCHEs and the effectiveness of the inspections of the Licensing Office of Residential Care Homes for the Elderly ("LORCHE") of SWD to ensure the compliance of RCHEs with the licensing requirements. Members consider it necessary for the Administration to review the Code of Practice for Residential Care Homes (Elderly Persons) ("CoP") to ensure the detailed licensing requirements on the operation and management of RCHEs provided therein meet the nowadays needs of RCHE residents.

40. The Administration has advised members that it attaches great importance to the proper care of elders residing in RCHEs. Specifically, it has put in place a licensing system to regulate RCHEs under the Residential Care Homes (Elderly Persons) Ordinance and its Regulations, complemented by the CoP issued by the Director of Social Welfare under section 22(1) of the Ordinance, as well as other supporting measures to upkeep the quality of RCHEs. The Administration has explained to members measures to monitor RCHEs. LORCHE has continuously conducted on average seven surprise inspections on each private RCHE per year, and will adjust the frequency of inspections based on the risk level of individual RCHEs. Upon receiving a complaint, SWD will take follow-up actions such as inspecting the RCHE concerned, issuing advisory or warning letters and monitoring its remedial measures. SWD will issue relevant guidelines where appropriate to help the entire sector improve service quality, and review and update CoP from time to time to cater for the changing needs of RCHE residents. SWD will form a working group in mid-2011 to review the CoP.

Community care services for the elderly

41. According to the Administration, "ageing in place" is an underlying principle of the Government's elderly care policy. Elders with long-term care needs do not necessarily age in RCHEs. Further development of community care services would encourage elders to age in place and thus avoid premature and unnecessary institutionalisation. Therefore, a range of subsidised community care services is provided in parallel to facilitate elders to age in the community. These include –

- (a) centre-based day care services to frail elders who have long-term care needs and cannot be taken care of by their family members during daytime through the 59 Day Care Centres/Units for the Elderly in the territory; and
- (b) home-based Enhanced Home and Community Care Service and Integrated Home Care Services for frail elders.

42. While supporting the Government's elderly care policy of ageing in place, members and many deputations have expressed concern about the inadequate provision of both residential care services and community care services for the elderly to meet the increasing demand arising from the ageing population. Members consider it necessary for the Administration to step up its efforts in enhancing the services and relieving the waitlisting situation. The Administration should also formulate a long-term strategy for the provision of community care services for the elderly according to the users' needs and ensure that the community care services should be allocated to those who are most in need of the services. Some members take the view that the Administration should further develop community care services for the elderly through the participation of the private sector, and consider introducing a voucher scheme for community care services so as to allow the elderly to choose the types of services that most meet their needs.

43. In members' view, the promotion of "ageing in place" and the provision of adequate subsidised RCHE places are not mutually exclusive. The provision of residential care services should under no circumstances be replaced with the community care services. Members have strongly urged the Administration to step up its efforts to relieve the waitlisting situation of residential care services and community care services for the elderly.

44. The Administration has stressed that while ageing in place is the Government's policy objective, residential care places will continue to be provided to elders who are in need of such services. Elderly who are staying at home while waiting for subsidised residential care places are receiving subsidised home-based community care services or day care services. Further development of community care services will encourage elders to age in place, thus avoiding premature and unnecessary institutionalisation. Issues relating to the feasibility of introducing a licensing scheme and a voucher scheme for community care services will be covered in the consultancy study led by the Elderly Commission in the context of possible service enhancement on community care services with a view to further encouraging elders to age in place.

45. Members note that the consultancy study led by the Elderly Commission is expected to be completed in the first half of 2011. The Administration will brief the Panel on the findings of the consultancy study on community care services for the elderly at its meeting in July 2011.

46. Members have called on the Administration to release information on the waitlisting situation for community care services in various districts. While the Administration is mindful of the demand of specific districts, it considers it inappropriate to make public such information given that the monthly turnover fluctuates greatly in individual districts and incomplete information may be disseminated to waitlistees.

New initiatives

47. Members take note of a number of new initiatives which are coming on stream to enhance support for the frail elders and persons with severe disabilities to live in the community. These include Pilot Scheme on Home Care Services for Frail Elders, District-based Scheme on Carer Training and Integrated Discharge Support Trial Programme for Elderly Patients.

(a) Pilot Scheme on Home Care Services for Frail Elders

48. Members note that a three-year pilot scheme will be launched to provide a new package of intensive and tailor-made home care services for frail elders residing in Wong Tai Sin, Sai Kung, Kwun Tong, Yau Tsim Mong, Kowloon City and Sham Shui Po districts who are on the waiting list for subsidised NH places. While welcoming the pilot scheme, some members caution that the pilot home care services cannot cater for the specific needs of elders according to their different kinds of caring needs or relieve the burden and pressure faced by the family carers in taking care of those elders who require very intensive care at home. Members take a strong view that the pilot home care services should not be regarded as a substitute for the provision of additional residential care places.

49. The Administration has clarified that the impairment level and care needs of elders who are on the waiting list for subsidised residential care services are assessed under the Standardised Care Need Assessment Mechanism for Elderly Services ("SCNAMES") which is widely used internationally. Under the pilot scheme, personalised home care services with greater emphasis on the rehabilitation and nursing care elements will be provided to frail elders. The services will be delivered through NGOs or social enterprises with experience in elderly care and established service networks in the districts concerned, and will be subsidised by the Government according to a fee-charging scale to be set

by SWD. Elders who join the pilot scheme will remain on the waiting list for subsidised residential care services.

50. Some members remain concerned about the long-term commitment of the Government in providing the enhanced home care services given that only one-off funding is provided for the services. They take note that there will be an interim review to be followed by a final review upon the completion of the pilot scheme. Should the review findings of the pilot scheme be encouraging, the Administration will consider financing the projects under the recurrent funding and extending the scheme to other districts after the three-year pilot period.

(b) District-based Scheme on Carer Training

51. Under the District-based Scheme on Carer Training, District Elderly Community Centres will partner with community organisations in the districts in organising carer trainer programmes. The Scheme aims to enhance carers' capability through training so as to alleviate their stress resulting from taking care of elders. Carers who have completed the training will be recruited as carer-helpers, providing care service for elders at the district level. Members note the extension of the Scheme to Neighbourhood Elderly Centres since April 2010 in the light of the positive response.

(c) Integrated Discharge Support Trial Programme for Elderly Patients

52. The Subcommittee has been informed that on the advice of the Elderly Commission, the Administration has in collaboration with the Hospital Authority launched the three-year Integrated Discharge Support Trial Programme for Elderly Persons in Kwun Tong, Kwai Tsing and Tuen Mun in March and August 2008 and July 2009 respectively. The Programme aims to provide timely support to elderly hospital dischargees and their carers so as to help the elders recuperate at home. The entire programme is expected to serve a total of 20 000 elders and 7 000 carers.

53. According to the Administration, the Trial Programme has demonstrated how comprehensive and continuous care may be provided to elderly patients through better coordination of medical and welfare services. In view of the positive response to the Programme, the Administration has decided to allocate additional recurrent funding of \$148 million to make it a regular service and extend its coverage from the current three districts to all districts within 2011-2012. The number of elders to be served each year is expected to increase from 8 000 to 33 000.

54. Some members have questioned the need for introducing various pilot schemes for providing care services to frail elders to support them to age in the community. These members consider that the Administration should provide such services to all frail elders across the territory without the need to try out the services under different pilot schemes.

55. The Administration has explained that the various new initiatives in place seek to fill the service gap and complement each other. Specific home care services will be provided to frail elders having regard to their conditions and the level and intensity of care they require. An elderly-oriented case management service approach will be adopted, under which the responsible case manager and his multi-disciplinary team will draw up a personal care plan, including the types and number of hours of services, for each elder having regard to his actual conditions.

Support services for demented elders

56. While appreciating the provision of support services for demented elders and their carers, members share the views of the deputations that the service scope is limited and inadequate to meet the rising demand in the light of the ageing population. Members consider that more resources should be allocated to strengthen the long-term support services at Day Care Centres/Units for the Elderly and to provide relevant training programmes for staff of elderly service units and family carers. This apart, the Administration should consider introducing a carer allowance so as to relieve the burden and stress of family carers.

57. In the view of the Administration, if adequate support services are provided to demented elders, premature institutionalisation can be avoided and these elders will be able to remain in the community and age in place. Notwithstanding this, SWD has been providing a Dementia Supplement ("DS") to subvented RCHEs since 1999 and has further extended the coverage of DS to include all private RCHEs participating in the EBPS since the 2009-2010 financial year. As announced in the 2010-2011 Policy Address, DS will be provided to Day Care Centres/Units for the Elderly.

58. Members have sought information on the latest implementation plan for area expansion of the existing 59 Day Care Centres for the Elderly. They are given to understand that the Government Property Agency has given approval in October 2010 to amend the Schedule of Accommodation for 40-place Day Care Centres for the Elderly, increasing the net operational floor area from 218m² to 267m² (an increase of 22.5%), and to set a new Schedule of Accommodation for 60-place Day Care Centres for the Elderly (with a net

operational floor area of 358m²). The updated Schedules of Accommodation have been adopted in planning new projects in the pipeline. SWD will assist the NGO operators of existing Day Care Centres for the Elderly in the acquisition of new/additional premises to meet the enhanced spatial standards.

SCNAMES

59. Given that the impairment level and care needs of elders who are on the waiting list for subsidised residential care services are assessed under SCNAMES, the Subcommittee has examined the need to conduct a review of the assessment mechanism to better reflect the waitlisting situation.

60. Some deputations have reflected to members that SCNAMES is used to suppress the demand on the provision of elderly services. When an elder is assessed to be suitable for both residential and community care services after undergoing SCNAMES, he/she will normally be asked to try community care services in the first place because of inadequate subsidised RCHE places to meet the care needs. The elders will remain on the waiting lists for residential care services and will not be allocated RCHE places unless they are assessed to be suitable for subsidised residential care services only.

61. The Administration has explained to members that the service matching aims at providing elders with the most suitable type of services according to the assessment results, and that elders will not be denied of the service on account of the tight provision of such service. Under SCNAMES, assessors will conduct comprehensive assessment in respect of the applicants' impairment level based on their abilities. This covers the applicants' abilities in activities of daily living, physical functioning, memory, communication, behaviour and emotion, their health conditions, living environment, how they cope with their daily living and the capabilities of their family members in taking care of them. After assessment, the recommended services will basically be provided in order of priority according to the completion date of the assessment, but consideration will be given to the special circumstances of each case. The need for a review of SCNAMES will be covered in the on-going consultancy study led by the Elderly Commission, in the context of possible enhancement of community care services with a view to further encouraging elders to age in place.

Carers of PWDs and elders

62. In the light of the waitlisting situation of subsidised residential care services, members have time and again expressed grave concern about the pressure faced by family carers in taking care of severely impaired elders and PWDs at home. Members have strongly called on the Administration to

provide family carers with an allowance to relieve their financial burden.

63. The Administration has stressed that it fully recognises the crucial role played by family carers in supporting elders who age in place and PWDs to stay in the community. For family carers with financial difficulties, they and their families can meet their basic needs with the financial assistance under the CSSA Scheme. At present, the CSSA Scheme provides higher standard rates for PWDs and elderly recipients together with a range of supplements and special grants. PWDs who are medically certified to be in need of constant attendance may receive a Care and Attention Allowance to cover the costs of care and attention services at home (including the cost of hiring a carer) on social workers' recommendation.

64. The Administration has explained to members the various kinds of support services for PWDs and their carers. Sixteen DSCs have been set up to provide one-stop service for strengthening the support for PWDs residing in the community and their family members. A three-year pilot scheme has been implemented since March 2011 to provide for home-based care services for around 540 persons with severe disabilities living in Kwun Tung and Tuen Mun and on the waiting lists for subvented residential care services.

65. Members are advised that a range of support services is provided similarly for family members and carers of elders. This includes the provision of information, training and counselling, assistance in forming carers' mutual-assistance groups, setting up resource centres, and giving demonstration and lending rehabilitation equipment, etc. to help alleviate their pressure. In designing the service model and content of various pilot schemes to enhance community care services, the Administration will look at the needs of the elders and their family carers as a whole, so as to maximise the care capability of the carers, instead of allocating services to elders only according to their physical conditions and care needs. In addition, all subvented RCHEs and Day Care Centres/Units for the Elderly are providing residential and day respite services respectively for the relief of the carers. Moreover, the District-based Scheme on Carer Training launched in October 2007 provides funding for District Elderly Community Centres to partner with community organisations in their districts in organising carer training programmes with the aim to enhance carers' capability so as to alleviate their stress resulting from taking care of elders.

66. Members have put forward the proposal for providing an allowance to family carers. The stance of the Administration is that thorough and careful consideration is necessary as impaired elders and PWDs require various kinds of care services which will better be met by care professionals of residential and community care services.

Identifying suitable sites for elderly and rehabilitation service facilities

67. One of the thorny problems identified by the Subcommittee is the lack of suitable sites for the development of residential care homes as well as the provision of community care services. Given that the Administration has repeatedly advised members that it is difficult to set targets for admission to subsidised residential care places as the provision of such places hinges on the availability of suitable sites/premises, the Subcommittee has examined the mechanism and planning parameters for identifying suitable sites and earmarking sites/premises for the purpose.

68. To alleviate the waitlisting situation for subsidised residential care places, members have called on the Administration to take the initiatives in identifying potential suitable sites at the development stage, and to earmark sites/premises in all new public housing estate development projects for the construction of new contract residential care homes.

69. The Administration has reiterated its stance that it has been proactively identifying suitable sites for use by elderly and rehabilitation service facilities. To this end, SWD maintains close contact with relevant government departments including LandsD, PlanD and HD, with a view to reserving sites in new development or re-development projects as far as practicable for setting up elderly and rehabilitation service facilities. SWD also keeps a close watch on whether government properties, school premises, etc. released from re-engineering of services may be used for elderly and rehabilitation services. For instance, an additional 939 RCHD places will come on stream in the next two years, of which 490 places are to be provided upon the service commencement of two new integrated rehabilitation service centres in Kwai Chung and Ho Man Tin, which are converted from the ex-Ma Tau Wai Girls' Home and Ex-South Kwai Chung Jockey Club Polyclinic. The remaining places will be provided in other locations such as Ex-O Pui Shan Boys' Home, vacant hospital staff quarters and vocational training centres, earmarked sites in public housing estate developments, as well as redevelopment projects such as Chueng Sha Wan Police Quarters. According to the Administration, SWD has earmarked sites in 10 development projects for the construction of new contract RCHEs. The Administration has assured members that it will continue to identify suitable sites for constructing new contract RCHEs.

70. In respect of the planning mechanism, the Administration has explained to members that when developing or converting premises into residential care homes, the Government has to take into account various factors, including the

demand and supply of the relevant services in the local community, the size of the site, complementary transportation arrangements, planning parameters and user clauses stipulated by PlanD and LandsD, etc. At the same time, owing to fire safety consideration, all residential care homes must conform with the statutory requirements on fire services installations, e.g. visual fire alarm, fire detection system, automatic sprinkler system and emergency vehicular access, etc. Besides, to meet the fire safety requirement, RCHEs should not be more than 24 metres above street level. This height restriction will be incorporated as the proposed licensing requirements for RCHDs. After a site is identified, SWD has to conduct local consultation to ensure that there is community support for the residential care home project.

71. While acknowledging that the main purpose of the height restriction is to ensure the safety of elders in case of fire or other emergencies, members consider that such a requirement imposes restrictions on site selection and the capacity of RCHEs. They take the view that the Administration should consider relaxing the restriction so that more premises can be used for operating RCHEs and RCHEs located in stand-alone buildings can expand their capacity by constructing additional storeys.

72. The Administration has stressed that the residents of RCHEs are all frail elders. Many of them are wheelchair-bound or even bed-ridden. They need intensive assistance to escape in case of fire or other emergencies. At present, most RCHEs, particularly the private ones, are located in multi-storey domestic or composite buildings without designated lifts and fire escapes for RCHEs. The evacuation operation may also pose safety risks to other users of the building. Therefore, the shorter the vertical distance of an RCHE is from the ground, the safer it is for elderly residents and other users of the building in case of emergencies.

73. To face up the inadequacy of social welfare land use, members strongly urge the Administration to critically assess the social welfare needs and appropriately dovetail with the implementation of welfare policies when formulating land policies. Specifically, it should actively consider having land zoned solely for welfare uses prior to the formulation of specific development projects.

Local support for elderly and rehabilitation service facilities

74. Another issue examined by the Subcommittee is local opposition to proposals for setting up new elderly and rehabilitation service facilities, in particular RCHDs. Members have expressed concern about the public consultation mechanism for the proposed projects. Members have called upon

the Administration to step up public education and enhance public understanding of the nature of the facilities.

75. In the view of the Administration, the provision of new residential care homes will depend on the availability of suitable premises and physical constraints of the sites. Moreover, it will on occasion take time for the local community to understand the nature of the facilities. In conducting local consultation, SWD at district level would solicit assistance of relevant stakeholders, such as the psychiatrists of the Hospital Authority and RCHD service users in explaining the nature of proposed rehabilitation services to local residents. The Administration will continue to overcome difficulties in identifying suitable premises and solicit local support for setting up rehabilitation facilities including RCHDs. The Labour and Welfare Bureau will continue to launch regular educational and promotional programmes to promote a barrier free society. The Rehabilitation Advisory Committee has visited all 18 District Councils to solicit their support in setting up rehabilitation service units and collaboration in organising activities to promotion inclusion. In 2009-2010, funding for public education programmes on rehabilitation services has been increased from some \$2 million to \$12 million.

76. To ensure that the development of elderly and rehabilitation services will not be impeded, members have called on the Administration to enhance public education, with a view to fostering greater acceptance of the integration of the socially disadvantaged into the community.

Advice sought

77. Members are invited to note the work of the Subcommittee.

Panel on Welfare Services

**Subcommittee on Residential and Community Care Services
for Persons with Disabilities and the Elderly**

Terms of reference

The Subcommittee will study policies and measures relating to the provision of residential care places and community care services for persons with disabilities and the elderly, and make recommendations where necessary.

Panel on Welfare Services

**Subcommittee on Residential and Community Care Services
for Persons with Disabilities and the Elderly**

Membership List

Chairman	Hon CHEUNG Kwok-che
Members	Hon LEE Cheuk-yan
	Hon LEUNG Yiu-chung
	Hon TAM Yiu-chung, GBS, JP
	Hon Ronny TONG Ka-wah, SC
	Hon WONG Sing-chi
	Hon IP Wai-ming, MH
	Dr Hon PAN Pey-chyou
	Hon Alan LEONG Kah-kit, SC
	Hon LEUNG Kwok-hung
	(Total : 10 Members)
Clerk	Miss Betty MA
Legal adviser	Mr YICK Wing-kin
Date	12 November 2010

**List of the deputations which have given views to the
Subcommittee on Residential and Community Care Services
for Persons with Disabilities and the Elderly**

1. 1st Step Association
2. Alliance for Universal Pension
3. Amity Mutual Support Society
4. Association for the Rights of the Elderly (A.R.E.)
5. Baptist Oi Kwan Social Service
6. Carer Alliance of Dementia
7. Caritas - Hong Kong
8. Chinese Grey Power
9. Community Care and Nursing Home Workers General Union
10. Concern Group on Mental Rehabilitation Services, Hong Kong Social Workers' General Union
11. Concord Mutual-Aid Club Alliance
12. Democratic Alliance for Betterment of Hong Kong and Progress of Hong Kong
13. Department of Social Work, Hong Kong Baptist University
14. Direction Association for the Handicapped
15. Disable Group
16. Elderly Rights League (HK)
17. Grassroots Development Centre
18. Hong Kong Alzheimer's Disease Association
19. Hong Kong Association for Parents of Persons with Physical Disabilities
20. Hong Kong Association of Gerontology

21. Hong Kong Chinese Women's Club, Madam Wong Chan Sook Ying Memorial Care & Attention Home for the Aged
22. Hong Kong Confederation of Trade Unions Social Service Unions Committee
23. Hong Kong Evergreen Association of the Elderly
24. Hong Kong Federation of Handicapped Youth
25. Hong Kong Federation of the Blind
26. Hong Kong PHAB Association
27. Hong Kong Psychogeriatric Association
28. Hong Kong Rehabilitation
29. Hong Kong Sheng Kung Hui Welfare Council
30. Jockey Club Centre for Positive Ageing
31. Kwai Chung Estate Residents' Right Concern Group
32. Labour-welfare Group of Democratic Party
33. New Life Psychiatric Rehabilitation Association
34. Po Leung Kuk
35. Richmond Fellowship of Hong Kong
36. Society for Community Organization
37. Stewards Limited
38. St. James' Settlement
39. The Against Elderly Abuse of Hong Kong
40. The Association of Parents of the Severely Mentally Handicapped
41. The Elderly Livelihood Concern Committee of TKO
42. The Elderly Services Association of Hong Kong

43. The Forthright Caucus
44. The Hong Kong Council of Social Service
45. The Hong Kong Joint Council of Parents of the Mentally Handicapped
46. The Parents' Association of Pre-School Handicapped Children
47. The Salvation Army Carer Association
48. The Society of Rehabilitation and Crime Prevention, Hong Kong
49. Tung Wah Group of Hospitals
50. Tung Wah Group of Hospitals Wong Chuk Hang Complex
51. 殘疾人士成人服務大聯盟
52. 香港殘疾人士成人服務促進會
53. 殘疾人士成人服務關注組
54. 殘疾之友 —— 成人服務跟進小組
55. 長者政策監察聯席
56. 爭取資助院舍聯席
57. 關注社會福利規劃平台

Written submissions only

1. Christian Family Service Centre
2. Fu Hong Society
3. The Hong Kong Down Syndrome Association
4. The Hong Kong Joint Council for People with Disabilities
5. The Mental Health Association of Hong Kong
6. 龍耳社

Appendix IV

Provision, number of PWDs on the waiting list and average waiting time of the respective types of subvented residential care homes

Type of Service	Existing Provision of Places in Respective Residential Care Services in 2009-10	Number of PWDs on the Waiting List (as at December 2009)	Average Waiting Time in 2008-09 (in months)
Hostel for Severely Mentally Handicapped Persons	3 058	1 921	51.6
Hostel for Moderately Mentally Handicapped Persons	2 178	1 321	39.6
Supported Hostel	400	926	27.2
Care and Attention Home for Severely Disabled Persons	857	328	36
Hostel for Severely Physically Handicapped Persons	528	375	112.4
Long Stay Care Home	1 407	919	22.9
Halfway House	1 509	735	5.6
Care and Attention Home for the Aged Blind	825	83	2.6
Small Group Home for Mildly Mentally Handicapped Children / Integrated Small Group Home	56	63	14.9
Residential Special Child Care Centre	110	52	13.8
Integrated Vocational Training Centre (Residential Service)	170	N.A. ^{Note}	N.A. ^{Note}

Note : Integrated Vocational Training Centre (Residential Service) admits service users directly and hence the SWD does not capture statistics in this respect.

**Current provision of subsidised residential care places for the elderly
and average waiting time
(as at end-February 2010)**

Types of places	No. of places	Number of elders on the Waiting List	Average Waiting Time (in months)
Nursing Home places	2 200	6 300	42 months
Care and Attention (C&A) Home places <ul style="list-style-type: none"> • Subvented/Contract residential care homes for the elderly (RCHEs) • Under Enhanced Bought Place Scheme (EBPS) 	20 300	19 500	30 months (Note 1) 11 months (Note 2)
Self-care hostel and Home-for-the-aged places	2 800	N/A	N/A
Total	25 300	25 800 (Note 3)	

Note 1 Where the elders had no preference for specific RCHEs, for instance, in terms of their location or religious background, the average waiting time for subsidised C&A places in subvented/contract RCHEs was 14 months.

Note 2 Where the elders had no preference for specific RCHEs, for instance, in terms of their location or religious background, the average waiting time for subsidised C&A places under EBPS was two months.

Note 3 Including over 3 000 elders who are using subsidised community care services while waiting for residential care places.