

## **Legislative Council Panel on Welfare Services**

### **Long-term Social Welfare Planning Response to various issues raised by deputations at the meeting held on 19 February 2013**

#### **Purpose**

The Legislative Council Panel on Welfare Services (the Panel) discussed the issue of long-term social welfare planning on 19 February 2013. At that meeting, Members and deputations raised various issues (as stated in the letter from the Secretariat of the Panel to the Labour and Welfare Bureau (LWB) dated 5 March 2013). This paper sets out the Administration's response to such issues and our existing policies.

#### **The Administration's Response**

##### **Welfare Planning**

2. In view of the rapidly changing social and economic environment in Hong Kong and the increasing complexity of social problems, the planning cycle should keep pace with development. We are of the view that the "Five-Year Plan" mechanism lacked flexibility in terms of target-setting for, and monitoring of, service provision. It was unable to respond to our welfare needs in a timely manner and was discontinued in 1999. The Administration has, since 2012, implemented the enhanced mechanism as proposed by the Social Welfare Advisory Committee after consultation with the social welfare sector. The mechanism provides an annual platform for consultation and planning for the future development and delivery of welfare services at district level, central level, and advisory committees level on a regular basis. We will continue to closely monitor the implementation and effectiveness of the enhanced mechanism.

3. We understand and are very concerned about the shortage of sites for welfare services, in particular for residential care places. The current-term Government will, therefore, focus on the work and planning

in this respect. We have adopted a multi-pronged approach to identify suitable sites in a pragmatic and flexible manner. It is worth noting that LWB has been discussing with the Hong Kong Council of Social Service and social welfare organisations on how to make better use of the land owned by the non-governmental organisations (NGOs) through redevelopment or in-situ expansion to provide diversified subvented and self-financing facilities to meet the needs of welfare services. We will, throughout the process, proactively consider using the Lotteries Fund (LF) more flexibly and work out ways to provide targeted assistance to landowners during the planning and development process.

4. At the same time, we have been maintaining close dialogue with relevant Government bureaux and departments, including the Education Bureau, Planning Department and Housing Department to reserve sites in public and private new developments/ redevelopments for setting up social welfare facilities, including “Government, institution or community” and public rental housing development projects, as well as Urban Renewal Authority (URA) and Comprehensive Development Area projects. The Social Welfare Department (SWD) also supports NGOs to provide more welfare services through redevelopment or in-situ expansion according to their needs and circumstances. SWD also explores the feasibility to construct/ convert vacant buildings into welfare facilities with a view to increasing the supply of services.

5. On residential care places for persons with disabilities, SWD has already earmarked 14 sites in development projects to construct new subvented residential care homes for persons with disabilities (RCHDs) from 2013-14 to 2017-18. We estimate that there will be an additional provision of around 2 700 residential care places in the next five years (2013-14 to 2017-18), subject to the progress of project planning and preparatory work. We will continue to step up efforts in identifying suitable premises for setting up new RCHDs in order to increase the number of subsidised residential places for persons with disabilities.

6. On residential care places for the elderly, SWD has been identifying suitable sites for constructing residential care homes for the elderly (RCHEs). From 2013-14 to 2015-16, seven newly constructed contract RCHEs are scheduled to commence operation, two of which will be located in URA redevelopment projects, three in private development projects, and the remaining two in public housing estates. Through a multi-pronged approach, more than 2 300 residential care places for the elderly will commence operation from now till 2015-16. SWD has also earmarked sites in eight development projects for construction of new

RCHEs.

**Poverty alleviation policy and to improve poverty situation through employment**

7. The Government appointed the new Commission on Poverty (CoP) at the end of last year. CoP will examine the current poverty situation and causes of poverty in Hong Kong with a view to identifying favourable conditions for personal development, self-reliance and social mobility. It will also review the effectiveness of existing poverty alleviation policies, formulate new policies to prevent and alleviate both poverty and social exclusion, as well as promote upward social mobility.

8. CoP has identified the setting of a poverty line in the light of the actual situation of Hong Kong as one of its priorities. The poverty line serves three main functions: (1) quantifying the poverty-stricken population for a focused analysis of the situation of various groups living below the poverty line; (2) investigating closely into the causes of poverty and serving as a guiding reference for policy formulation so that our poverty alleviation efforts can be more effective; and (3) assessing the effectiveness of our poverty alleviation policies against changes in the size of the poverty-stricken population. Our target is to set the poverty line within this year (2013), but at this stage we cannot estimate the size of the poor population five years later.

9. The Administration is aware of the demands of working parents on child care support. We hope that through these services more women can be released to join the labour market. To support parents who are unable to take care of their children temporarily because of work or other reasons, SWD has all along been providing subvention to NGOs to run a variety of child care services and after-school care services. SWD also strives to increase their flexibility. At present, NGOs provide various child care services to children of different ages, which include standalone Child Care Centres (CCC), Kindergarten-cum CCC, Occasional Child Care Services, Extended Hours Services, Mutual Help Child Care Centre services, Neighbourhood Support Child Care Project (NSCCP) and After School Care Programme (ASCP), etc.

10. On day-time child care services, CCCs provide services to children below the age of three. Many CCCs are attached to kindergartens, providing education and care services to children aged six or below. They offer a total of about 23 000 places. Some centres also provide extended hours services to assist parents who are in need of

longer hours of child care services.

11. SWD has launched NSCCP through NGOs and offered services to children aged under six on a territory-wide basis in order to enhance the flexibility and accessibility of the services, and at the same time promote community participation and mutual assistance in the neighbourhood. On ASCP, the Administration has provided after-school care services for needy children aged 6 to 12 through NGOs, so that they can receive care as appropriate. At present, there are a total of 142 ASCP centres operated by NGOs, providing 5 500 service places in total.

12. To ensure that low-income families can afford the aforementioned services, SWD has been providing needy families with different forms of fee waiving subsidies. The Administration will continue to keep in view the operation of various service schemes in order to meet the needs of the community.

### **Social Security**

#### **The seven-year residence requirement under the Comprehensive Social Security Assistance (CSSA) Scheme**

13. Since 1 January 2004, to be eligible for CSSA, applicants must have been Hong Kong residents for at least seven years, except for Hong Kong residents aged below 18 who are exempted from this requirement. Director of Social Welfare may exercise discretion to waive the seven-year residence requirement in cases involving applicants in genuine hardship. All relevant factors will be taken into account to establish whether there is genuine hardship. The discretion will normally be exercised where a new arrival works to support his/ her family members, in recognition of his/ her efforts to become self-supporting. The seven-year residence requirement provides a rational basis on which our public resources are allocated, help sustain a non-contributory social security system with an increasing demand, and strike a balance between the interests of various sectors of the community. We have no plans to change this requirement.

#### **Elderly CSSA applications**

14. The CSSA Scheme is designed to provide financial support to needy families for meeting basic needs. Applications are made on a household basis because family members should render assistance and support for each other. Where a household meets the asset test, and the

household's total income is assessed to be insufficient to meet its total recognised needs under the CSSA Scheme, CSSA is provided to the household to make up the deficiency. Regardless of whether they are living with family members, elders who apply for CSSA on their own must submit a declaration on their financial position for SWD to verify, for the purpose of assessing their financial needs, whether they have other sources of income or any financial link with other family members. Under special circumstances, for example, where an elderly applicant has poor relationship with his family members or there are special reasons for which his children cannot provide financial support for him, Director of Social Welfare will consider on a case-by-case basis and may allow a needy elder to apply for CSSA on his own.

### *Portable Comprehensive Social Security Assistance (PCSSA) Scheme*

15. Elders in receipt of CSSA for at least one year may, under the PCSSA Scheme, continue to receive the monthly standard rates and annual long-term supplement if they choose to retire in Guangdong (GD) or Fujian Province. Furthermore, the Administration will introduce a new GD Scheme under the Social Security Allowance Scheme for eligible Hong Kong elderly people who reside in GD to receive Old Age Allowance without coming back to Hong Kong. SWD is now taking forward at full steam preparatory work for the GD Scheme, and aims to implement the Scheme in the second half of 2013.

16. After the implementation of the Old Age Living Allowance (OALA) and GD Scheme for a period, the Administration will explore the feasibility of allowing elderly people who choose to retire in GD to receive OALA. For Disability Allowance (DA) recipients, we should carefully consider the standard of rehabilitation services of the Mainland and Hong Kong, as well as other relevant factors. The Administration does not have any plan to extend the GD Scheme to DA recipients at present.

### *Universal retirement protection*

17. Retirement protection is a very complicated and controversial subject, involving issues such as affordability and sustainability. There are also diverse views in the community, and we must consider the matter very carefully. While the Government will continue to reinforce and enhance the existing three pillars under the retirement protection system and study retirement protection in depth in an open, pragmatic and prudent manner, it will work towards a consensus in the community on

how we should take forward retirement protection in Hong Kong. The Social Security and Retirement Protection Task Force under CoP will focus on policy matters related to the social security and retirement protection system. The Task Force agreed at its second meeting of 18 March to invite Professor Nelson Chow Wing-sun to conduct a study on retirement protection so as to form a basis for future deliberations. The study will review our three-pillar retirement protection system, namely the Mandatory Provident Fund system, the social security system<sup>1</sup> and voluntary private savings. The study will assess the combined effect of the current three-pillar system on retirement protection and provide an analysis on the various retirement protection proposals in the community and look into whether the existing three-pillar system is adequate. The study is expected to be completed within one year.

### *Elderly care services*

#### To shorten the service pledge on waiting time of RCHEs

18. The Administration has set out the long-term care (LTC) policy for the elderly and persons with disabilities vide LC Paper No. CB(2)673/12-13(01) (at **Annex A**) to the Joint Subcommittee on LTC Policy under the Panel and that on Health Services. On the other hand, in paragraph 17 of LC Paper No. CB(2)673/12-13(02) (at **Annex B**), we explained that the waiting time for subsidised residential care places is affected by a number of factors such as the special preference of applicants in terms of the location, diet and religious background of the elderly homes, whether the applicant has requested joining family members and/ or relatives in a particular home, and the turn-over rate of individual homes, etc. It is therefore very difficult to set a target time for admission to RCHEs.

#### Measures to strengthen the manpower supply of elderly care services

19. Having regard to the strong manpower demand in the sector, SWD has put in place a series of measures to alleviate the manpower shortage situation. Details are set out in paragraphs 7 to 15 of the Administration's paper (LC Paper No. CB(2)632/12-13(01) at **Annex C**).

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<sup>1</sup> The social security for elderly includes CSSA, Old Age Allowance, Disability Allowance and Old Age Living Allowance (the latter to be implemented with effect from April this year).

## Rehabilitation services

### Residential services for persons with disabilities

20. In accordance with the strategic directions enshrined in the Hong Kong Rehabilitation Programme Plan, the Administration has adopted a three-pronged approach to encourage participation from different sectors to provide diversified residential care services for persons with disabilities with a view to shortening waiting time, namely –

- (a) regulating RCHDs so as to ensure the service quality on the one hand and to 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.

21. In line with these strategic directions, the Administration has introduced a statutory licensing scheme under the Residential Care Homes (Persons with Disabilities) Ordinance (Cap. 613) since November 2011 to regulate the standards and operation of RCHDs. As a complementary measure, the Administration also launched a four-year pilot bought place scheme (BPS) for private RCHDs in October 2010 with a view to encouraging private RCHDs to upgrade their service standards, increasing the supply of subsidised residential care places so as to shorten the service waiting time, and helping the market develop more service options. BPS homes are required to comply with a set of spatial and staffing requirements beyond the licensing standards. We aim to purchase about 300 places by phases under the pilot scheme. As at 1 January 2013, six private RCHDs had successfully joined BPS, providing a total of 245 BPS places. SWD will continue to keep in view the market situation of the private sector and purchase additional places. A mid-term review is being conducted by SWD to keep track of the progress of implementation of the pilot scheme and to refine the operational details as appropriate. SWD will also conduct an overall review before the end of the pilot scheme to assess its long-term feasibility in terms of contract prices, home fees, the amount of government subsidies, the number of places to be bought, etc, and examine the overall service quality and performance of private RCHDs.

22. The Administration continues to steadily increase the provision of subsidised residential care places. The Administration has been actively identifying suitable premises for setting up RCHDs through long,

medium and short term planning. On long-term planning, we maintain close contact with relevant Government departments including the Lands Department, Planning Department and Housing Department, with a view to reserving sites in new development or re-development projects as far as practicable for setting up rehabilitation service facilities. On medium-term planning, the Administration would bid for vacant premises at government buildings and vacant school premises for provision of rehabilitation facilities. On short-term planning, the Administration will actively identify vacant public housing units for conversion into RCHDs.

23. SWD is now actively studying the feasibility of redeveloping the former sites of Siu Lam Hospital in Tuen Mun and Kai Nang Sheltered Workshop and Hostel in Kwun Tong into integrated rehabilitation services centres. Subject to the findings of the technical feasibility study, these two projects can provide a total of about 2 000 places of day training and residential care services for persons with disabilities in 2017-18, which can help relieve the shortage of such places.

24. According to present planning, together with some in-situ expansions, we estimate that an additional 2 700 residential care places will be provided from 2013-14 to 2017-18. Given that planned projects in future years are still in the initial planning stage, the type of service and the number of places to be provided in each project may change subject to the actual size and design of the premises, etc. Meanwhile, we will continue to actively identify additional sites for provision of rehabilitation services to meet the demand.

#### *Ageing of persons with disabilities*

25. To facilitate formulation of policies and planning for services for persons with disabilities by the respective Government bureaux and departments and servicing agencies, the Census and Statistics Department (C&SD) conducts Surveys on Persons with Disabilities and Chronic Diseases every five to seven years. The last survey was conducted in 2006-07. The survey report included information on the profile of persons with intellectual disabilities which were projected on the basis of the survey findings and administrative records, including further analysis by age and sex. C&SD is conducting the latest round of survey and the survey findings are expected to be published in the last quarter of 2014.

26. The Administration is mindful of the need of the service users of residential care homes and day training centres for persons with disabilities for a higher level of care and support owing to ageing. In



this regard, SWD set up a working group in end-2011 to review the implementation of the relevant measures and make recommendations for improvement. Members of the working group include relevant stakeholders, e.g. family members/ carers of service users, NGOs, the medical sector, academics, etc. The working group plans to complete the review within the first half of this year. In tandem, the Administration will allocate an additional annual recurrent provision of \$67.9 million in 2013-14 to increase the manpower of residential care homes and day training centres for persons with disabilities to meet the needs of ageing service users. Meanwhile, the Rehabilitation Advisory Committee will set up a Focus Group on Ageing of Persons with Intellectual Disabilities to review the service needs of ageing persons with intellectual disabilities and advise the Government on feasible improvement measures.

### *Self-help Organisations of Persons with Disabilities*

27. The policy objective of the Government in promoting the development of self-help organisations of persons with disabilities aims at fostering the spirit of self-help and mutual help among persons with disabilities and their families/ carers, and encouraging the active participation of persons with disabilities and self-help organisations in the formulation of rehabilitation policies and services so as to ensure that planned services are tailored in such a way that the special needs of persons with disabilities are met. Since 2001, SWD has been providing funding support for self-help organisations of persons with disabilities through the “Financial Support Scheme for Self-help Organisations of People with Disabilities” (the Scheme). The Scheme aims at supporting the operation and development of self-help organisations of persons with disabilities, and promoting the spirit of self-help and mutual support among persons with disabilities and their families. Owing to the large number of applicant organisations, SWD needs to set a ceiling on the total funding amount for each application in each round under the Financial Support Scheme so as to enable more eligible self-help organisations to obtain funding support as far as practicable. SWD will continue to review the operation of the Scheme and secure additional resources to meet the demand when necessary.

### *DA Review*

28. The Administration has established an inter-departmental working group to study the issue of allowing people with loss of one limb to apply for DA as mentioned in the Chief Executive’s Manifesto and

related issues. Members of the working group come from LWB, the Food and Health Bureau, Financial Services and Treasury Bureau, SWD, Labour Department, C&SD, Department of Health and Hospital Authority.

29. As DA is a component of the Social Security system, the Working Group will report to, and seek steer, as deemed appropriate from, the Social Security and Retirement Protection Task Force, and will dovetail with the work of the Task Force and the CoP.

### **Lump Sum Grant Subventions System (LSGSS)**

30. LSGSS has been implemented for twelve years since its introduction in 2001. In 2008, the Government appointed the Lump Sum Grant Independent Review Committee (LSGIRC) to assess the overall effectiveness of LSGSS and to identify any areas and scope for improvement. The Review Report on LSGSS (Review Report) submitted by LSGIRC considered that the principles of LSGSS are sound and therefore the system is worth retaining. Meanwhile, LSGIRC put forward 36 recommendations in the Review Report, including the production of a “Best Practice Manual” (BPM) for NGOs.

31. The Review Report recommended that the welfare sector should develop for NGOs’ reference a BPM on various management issues including effective human resource management, financial management, and corporate governance and accountability, etc. To this end, SWD appointed the Hong Kong Polytechnic University (the Consultant) to conduct a consultancy study for the production of the BPM. From December 2012 to March 2013, SWD consulted the welfare sector and service users on the preliminary framework proposed by the Consultant. The Consultant will proceed with the drafting of the BPM after consolidating the views collected.

32. In view of the extensive coverage of the BPM, SWD, after collecting the views, will work with the sector on the contents and implementation details for items where consensus is reached. It is expected that the BPM will be implemented by phases in late 2013.

33. For items where consensus has yet to be reached, SWD will continue to discuss with the sector with a view to reaching consensus in a gradual and orderly manner. SWD will listen to the views on the enhancement of the LSGSS, and will examine any feasible proposals so as to ensure a sustainable and effective LSGSS that meets the

community's demand for social services.

**To provide more training and further education opportunities for social workers**

34. We appreciate the need for social workers to enhance their professional expertise through appropriate training. With a view to enhancing social workers' training and development, we have been providing support to them through various channels, including the Social Work Training Fund (SWTF) and the Social Welfare Development Fund (SWDF).

35. Since its establishment in 1961, SWTF has been allocating grants to facilitate social workers to develop professional knowledge and work skills. The Social Work Training Fund Committee (SWTFC) invites organisations to submit applications each year for partial sponsorship from SWTF to implement the training or training-related activities for their social workers. Partial sponsorship is granted to NGOs for running courses/ seminars/ workshops/ lectures, for publication of training materials, for social workers to attend short-term courses/ seminars/ conferences, and for organising study tours to the Mainland.

36. In addition, as one of the recommendations of the LSGSS Review Report, the Administration tapped into LF and set up a \$1 billion SWDF in November 2009 to support subvented NGOs in conducting training and professional development (T&D) programmes, business system upgrading projects, and studies that seek to enhance service delivery. SWDF was launched in 2010-11 by three 3-year phases. Under Phase 1 (from 2010-11 to 2012-13), SWD approved a total of \$262.9 million for 150 NGOs in which 55% was allocated for T&D programmes, 34% for business system upgrading projects and 11% for studies that seek to enhance service delivery. During 2010-11, 11 000 staff benefited from the T&D programmes under SWDF; and more than 180 staff of 30 NGOs were sponsored to attend long-term professional training programmes such as Associate Degree, Bachelor Degree in Social Work and Master Degree in Management. SWD has launched Phase 2 of SWDF (from 2013-14 to 2015-16) with \$330 million secured from LF, for which subvented NGOs were invited in January 2013 to submit applications.

Labour and Welfare Bureau  
March 2013

For information  
on 26 February 2013

**LEGISLATIVE COUNCIL**

**PANEL ON WELFARE SERVICES  
PANEL ON HEALTH SERVICES**

**JOINT SUBCOMMITTEE ON LONG-TERM CARE POLICY**

**Long-term Care Policy for the Elderly  
and Persons with Disabilities**

**Purpose**

This paper provides supplementary information on long-term care policy and related issues in response to the request of the Joint Subcommittee on Long-term Care Policy (Joint Subcommittee).

**Policy Objectives**

Elderly care services

2. The mission of elderly services is to enable our elderly citizens to live in dignity and to provide necessary support for them to promote their sense of belonging, sense of security and sense of worthiness. Through the provision of a wide spectrum of subsidised community care services (CCS) and residential care services (RCS) to the elderly citizens with proven needs as assessed by the Social Welfare Department (SWD)'s Standardised Care Needs Assessment Mechanism for Elderly Services (SCNAMES), we aim to promote the well-being of these frail elderly in all aspect of life, to enable them to remain living in the community for as long as possible, or to be taken care of in licensed residential care homes for the elderly (RCHEs).

3. The Administration's long term care (LTC) policy for the elderly is underpinned by the following three principles:

- (a) Promoting "ageing in place as the core, institutional care as back-up"

We understand that ageing in place is the common wish of most elderly citizens, as most of them prefer ageing in an environment with which they are familiar. On the other hand, some frail ones would need institutional care for health or family reasons. In this connection, the Administration has been promoting "ageing in place as the core, institutional care as back-up". In response to the ageing population and their acute demand for subsidised community and residential care places for the elderly, we strive to increase the supply of such places. Please refer to further elaborations in paragraphs 6-9 below.

- (b) Promoting a continuum of care in subsidised residential care services

Residential care places with a continuum of care (COC) enable elderly residents to stay in the same RCHE even when their health conditions have deteriorated. To this end, SWD launched a conversion programme in June 2005 to convert, in phases, residential care places in 75 subvented RCHEs which did not have an LTC element to C&A places providing COC.

- (c) Offering assistance to most needy elderly citizens

Given the ageing population and limited public resources, elderly citizens who are most in need should have priority in using subsidised elderly care services. In this connection, SWD has set up SCNAMES since November 2000 to standardise the assessment of elderly applicants' care needs and ensure better use of resources. By December 2012, a total of 224 557 assessments were completed under SCNAMES, of which 196 861 assessments (87.7%) were confirmed with LTC needs.

## Care services for persons with disabilities

4. As enshrined in the Hong Kong Rehabilitation Programme Plan, the policy objectives of the Administration in respect of the provision of residential care services as well as day care and community support services for persons with disabilities are as follows:

- (a) providing appropriate residential care and necessary training and support services for those persons with disabilities who cannot live independently and those who cannot be adequately cared for by their families, with a view to improving their quality of life and helping them develop independent living skills; and
- (b) making available training and support to persons with disabilities in response to their needs, assisting them in developing their potential, enabling them to continue to live independently at home and preparing them for full integration into the community; and strengthening the carers' caring capacity and relieving their stress so as to provide a better quality of life for persons with disabilities and themselves.

5. Along the above policy objectives, we strive to –

- (a) continuously develop various kinds of residential services with different levels of support; as well as day care and community support services, with special efforts dedicated to enhancing people-oriented service programmes, support to carers, community mutual help networks and multi-disciplinary support, with a view to meeting the needs of persons with disabilities; and
- (b) ensure that residential services and community support services complement each other and are developed in parallel.

## **Supply of Subsidised LTC Services**

### Elderly care services

#### *CCS*

6. Subsidised community care places include day care places (which are provided at day care centres for the elderly (DEs) and day care units (DCUs)) and home care places. DEs/DCUs provide personal care, nursing care, meal services, rehabilitation exercise, health education, and social activities for the frail elders, as well as carer support services to their carers. As at end-December 2012, there were altogether 64 DEs and DCUs offering 2 609 subsidised day care places. At the same time, the Integrated Home Care Services (IHCS) (Frail Cases) and Enhanced Home and Community Care Services (EHCCS) were providing 6 699 places to serve the frail elders. Both IHCS (Frail Cases) and EHCCS provide a comprehensive package of LTC services including care management, basic and special nursing care, personal care, rehabilitation exercise, home-making and meals delivery services, escort services, as well as carer support services.

7. In March 2011, SWD implemented the three-year Pilot Scheme on Home Care Services for Frail Elders to support elders who are severely impaired as assessed by SCNAMES and are waiting for a subsidised nursing home (NH) place. It adopts a case management service approach and provides round-the-clock emergency support service seven days per week. The scope of home-based care and support services includes management of clinical issues, medical, nursing and rehabilitation services, personal care and support services as well as environmental and psychosocial support services. The scheme is being run in eight districts, namely Kwun Tong, Wong Tai Sin, Sai Kung, Kowloon City, Yau Tsim Mong, Sham Shui Po, Eastern and Kwai Tsing.

8. Apart from the above-mentioned subsidised CCS under the conventional funding mode, SWD will roll out the First Phase of the Pilot Scheme on Community Care Service Voucher for the Elderly in September 2013. It will adopt a new funding mode, i.e. “money-follows-the-user” approach. Eligible elderly may choose the

services that suit their individual needs with the use of service vouchers. The First Phase of the Pilot Scheme (which will last for two years) will be launched in eight selected districts (i.e. Eastern, Wong Tai Sin, Kwun Tong, Sham Shui Po (covering eligible elders living in Yau Tsim Mong and Kowloon City districts), Shatin, Tai Po, Tsuen Wan and Tuen Mun).

### *RCS*

9. Subsidised residential care places (i.e. NH places and care-and-attention (C&A) places) are provided in subvented RCHEs, contract RCHEs, private RCHEs which participate in the Enhanced Bought Place Scheme (EBPS), and self-financing NHs under the Nursing Home Place Purchase Scheme. As at end-December 2012, there were 127 subvented RCHEs, 20 contract RCHEs, 40 self-financing RCHEs/NHs, and 568 private RCHEs (including 135 EBPS homes) in the territory, offering a total of 75 257 residential care places, of which about 26 000 were subsidised places.

### Care services for persons with disabilities

#### *Community care and support services*

10. SWD provides a wide spectrum of community care and support services which seek to assist persons with disabilities in developing their physical, mental and social capabilities to the fullest possible extent, to promote their integration into the community as well as to relieve the stress of their family members/carers. These services include –

- (a) District Support Centres for Persons with Disabilities which provides one-stop community support services for persons with disabilities and their family members/carers, with a view to enhancing their domestic and community living skills, thereby facilitating their continued living in the community. These centres also provide training and support services for family members/carers of the target users so as to strengthen their caring capacity and relieve their stress;



- (b) pilot scheme on Home Care Service for Persons with Severe Disabilities which was launched in March 2011 to provide persons with severe physical and mental disabilities who are on the waiting lists for subvented residential care services with a package of home-based support services (including personal care and escort service, occupational therapist/physiotherapist rehabilitation training and nursing care service) to meet their care and training needs. This service will be regularised in March 2014, following the completion of the three-year pilot scheme, and extended to all districts. The coverage of service targets will also be expanded to include persons with severe disabilities who are not on the waiting list for residential care services;
  
- (c) Integrated Community Centres for Mental Wellness which provide district-based, one-stop and integrated community mental health support services to discharged mental patients, persons with suspected mental health problems, their families/carers and local residents. These integrated services range from early prevention to risk management through casework counselling, outreaching visits, therapeutic and supportive groups, day training and public education programmes, and, where required, referral to the Hospital Authority for clinical assessment or psychiatric treatment; and
  
- (d) other community care and support services including Day Activity Centres, Community Rehabilitation Day Centre, Day Care Service for Persons with Severe Disabilities, Parents/Relatives Resource Centres for Disabled Persons, Transitional Care and Support Centre for Tetraplegic Patients, Community-based Support Projects for Persons with Disabilities, Community Rehabilitation Network, Residential Respite Service, Rehabilitation and Training Centre for Visually Impaired Persons, Library Services for Visually Impaired Persons, Multi-service Centre for Hearing Impaired Persons, Specialised Home-based Training and Support Service, Agency-based Occupational Therapy Service, Agency-based Clinical Psychology Service, Central Psychological Support Service (Adult Service), Central

Para-medical Support Service, Social and Recreational Centre for the Disabled, and Occasional Child Care Service for Children with Disabilities.

### *Residential care services*

11. In addition to community support services, SWD provides a wide range of subsidised residential care services for persons with different types and levels of disabilities who are unable to live independently in the community or adequately cared for by their families. As at end-December 2012, there were 11 975 subsidised residential care places for persons with disabilities, including 245 places purchased under the pilot Bought Place Scheme (BPS) for private residential care homes for persons with disabilities (RCHDs).

### **Demand for Subsidised LTC Services**

12. The number of elderly citizens and persons with disabilities in need of subsidised LTC services in the future hinges on a range of factors, such as the number of applicants being assessed as having LTC needs, the variety and choices of self-financing services available, preference for subsidised elderly care and care services for persons with disabilities over self-financing services, preference for CCS over RCS, the implementation of new government initiatives which may affect service users' choices on care services (e.g. the strengthening of subsidised CCS may reduce the number of applicants for subsidised RCS), etc.

13. The updated figures of the present demand for residential and community care places are set out below.

### Elderly care services

14. As at end-December 2012, about 1 700 and 450 elderly applicants waited for day care places and EHCCS/IHCS (Frail Cases) on the Central Waiting List (CWL) respectively; and about 6 400 and 22 300 elderly applicants waited for subsidised NH and C&A places on CWL respectively.

## Care services for persons with disabilities

15. As at end-December 2012, about 1 231 and 7 863 persons with disabilities waited for the Day Activity Centre service and residential care services respectively.

### **Planning for the resources required for LTC services**

16. The Administration has continuously allocated additional resources to enhance the subsidised residential and community care places for the elderly and persons with disabilities. The provision of residential care places, in particular, requires more resources in terms of land, manpower, planning time, etc.

#### Land

##### *RCHEs*

17. The Administration has been taking a multi-pronged approach to increase the provision of residential care places for the elderly. In the short run, we will purchase places from private RCHEs through EBPS and make better use of space in subvented homes for provision of more subsidised places. For the medium-term, we will build new contract RCHEs to increase the number of subsidised places, particularly places providing a higher level of nursing care. In the long run, we will identify sites for new homes. We will explore the feasibility of incorporating residential care facilities into redevelopment projects, and convert vacant buildings into RCHEs.

18. To take forward the above medium-to-long-term plans, SWD has been proactively identifying suitable sites for use by new RCHEs, as well as DEs and DCUs. To this end, SWD maintains close contact with relevant government departments including the Lands Department, Planning Department and Housing Department with a view to reserving sites in new development or re-development projects as far as practicable for setting up the above-mentioned elderly service facilities. SWD also keeps a close watch on government properties, school premises, etc. released from re-engineering of services for use by elderly services.

## *RCHDs*

19. In tandem, the Administration has been adopting a three-pronged approach to encourage participation from different sectors to provide diversified residential care services for persons with disabilities, namely -

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

20. In the short run, SWD will actively identify vacant public housing units for conversion into RCHDs. In tandem, SWD will continue to purchase places of good service quality from private RCHDs and review and refine the Bought Place Scheme to facilitate the market to develop more service options for persons with disabilities. On medium-to-long-term planning, similar to the arrangements for RCHEs as mentioned in paragraph 18 above, SWD bids for vacant premises at government buildings and vacant school premises and maintains close contact with relevant government departments including the Lands Department, Planning Department and Housing Department, with a view to reserving sites in new development or re-development projects as far as practicable for setting up rehabilitation service facilities.

21. To secure local support for setting up of RCHEs and RCHDs, after the site has been selected, the District Social Welfare Officer of SWD will conduct consultation when appropriate to gauge the views of members of the local community and work closely with the District Councils and local organisations with a view to identifying a feasible solution to address the concerns of local residents, if any.

## Manpower

22. The Administration is mindful of the manpower demand of the welfare sector. To this end, SWD has put in place measures as set out below to increase the manpower supply and strengthen their professional skills with a view to enhancing the service quality of the sector.

### *Enrolled Nurse (EN)*

23. To alleviate the shortage of ENs in the welfare sector, SWD, in collaboration with the Hospital Authority, has implemented the EN Training Programme for the Welfare Sector (the Training Programme) since 2006. The training fee is fully sponsored by SWD and all trainees have to sign an undertaking to work for the welfare sector for at least two years after satisfactory completion of the training. By mid-February 2013, 12 classes under the Training Programme have been launched, providing a total of about 1 500 training places. As far as the first four classes are concerned, over 90% of the graduates have been employed to work in the welfare sector.

### *Paramedical Staff*

24. To alleviate the recruitment and retention difficulties of paramedical staff faced by non-governmental organisations (NGOs) and EBPS EA1 homes, SWD sought an additional provision of \$285 million for providing additional funding for three years from 2009-10 to 2011-12 to enable NGOs and EBPS EA1 homes to offer more competitive salaries for recruitment and retention of paramedical staff or hire of such services. Additional resources of \$356 million was sought again for a further period of three years from 2012-13 to 2014-15 to continue such support to the sector. The unit subsidy of EA1 homes was raised in 2011-12 for the homes to employ staff or hire professional service to provide physiotherapy training and rehabilitation service to frail elders.

### *Occupational Therapists (OT) and Physiotherapists (PT)*

25. With the support of the University Grants Committee, the student intakes of Bachelor of Science (Hons) OT and Bachelor of Science (Hons) PT programmes have been increased by 44 places (i.e. from 46 to 90

places) and 40 places (i.e. from 70 to 110 places) per cohort respectively in the 2012-15 triennium. The Hong Kong Polytechnic University has also implemented a two-year entry level Master in Occupational Therapy (MOT) programme and a two-year entry level Master in Physiotherapy (MPT) programme from January 2012 onwards on a self-financing basis. To encourage graduates from the MOT and MPT programmes to join the welfare sector, SWD has implemented the Training Sponsorship Scheme through providing funding support for NGOs so that the NGOs could sponsor a total of 59 students enrolled in these two programmes. These 59 students have undertaken to serve the sponsoring NGOs for no less than two consecutive years immediately after graduation.

#### *Health Worker (HW)*

26. Training courses for HWs are being offered by different training bodies in Hong Kong. All these courses have been approved by the Director of Social Welfare in accordance with the requirement under the Residential Care Homes (Elderly Persons) Regulation (Cap. 459A) or the Residential Care Homes (Persons with Disabilities) Regulation (Cap. 613A) with standardised training content, training hours and format of assessment. As at 1 January 2013, there were 31 training bodies, including NGOs and tertiary institutions, organising 54 approved training courses for HWs for RCHEs. More than 1 500 HWs are trained by these training bodies annually to meet the manpower demand of the RCHE sector. In 2012-13, 16 out of the 54 approved courses were funded by the Employees Retraining Board (ERB) while others were offered on a self-financing basis. Meanwhile, a total of 16 training institutes have been approved to organise 56 health worker training courses for HWs for RCHDs, of which 16 courses are subsidised by ERB. As at 1 February 2013, more than 400 graduates of the health worker training courses have been registered as HWs under Cap. 613A.

#### *Care Workers (CW)*

27. Although there is no compulsory training for CWs required by law, CWs are encouraged to receive training relevant to their duties. In practice, SWD requires EBPS homes to ensure that 75% of their CWs have received relevant training with a view to upgrading the service standards of these private homes. SWD also requires private RCHDs

participating in the pilot BPS to ensure that 50% of their care workers have completed a training course recognised by SWD.

28. Various training bodies provide training courses or topical training courses on elderly care for CWs. For instance, ERB offers training course on “Diploma in Health Worker Training”, “Certificate in Care Worker Training” and “Certificate in Elderly Home Care Training” for in-service CWs or interested persons. In 2012-13 (up to December 2012), about 1 300 trainees attended the above ERB training courses<sup>1</sup>. Separately, SWD and the Department of Health have been jointly providing training for RCHE care staff including CWs on a regular basis. About 2 100 care staff of RCHEs attend such training annually. SWD has also organised training programmes on infection control and management of psychotropic drugs for infection control officers and related staff of all RCHDs to enhance health protection of residents and staff of RCHDs. The programmes cover the principles and procedures of infection control, handling of psychotropic drugs and other health care matters.

*Other initiatives to help address the manpower shortage of the paramedical and care staff*

29. Apart from the above measures, the Administration has launched the following initiatives to help address the manpower shortage of the paramedical and care staff:

- (a) setting up of the Steering Committee on Strategic Review on Healthcare Manpower Planning and Professional Development (the Steering Committee): the Steering Committee, chaired by the Secretary for Food and Health, is conducting a strategic review of healthcare manpower planning and professional development in Hong Kong. It will put forward recommendations on how to cope with anticipated demand for healthcare manpower, strengthen professional training and facilitate professional development having regard to the findings of the strategic review;

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<sup>1</sup> There was no class of the course on "Certificate in Elderly Home Care Worker Training" during the said period.

and

- (b) development of the Qualifications Framework (QF) for the elderly services sector: the Education Bureau has assisted the elderly care service sector to set up an Industry Training Advisory Committee (ITAC) in February 2012 to implement QF in the sector. QF will help establish an accessible articulation pathway to promote lifelong learning with a view to enhancing the quality of the local workforce. Specifically, ITAC will draw up Specifications of Competency Standards for the sector, setting out the skills, knowledge and outcome standards required of employees in different functional areas, and providing a basis for course providers to design training courses to meet the needs of the sector.

### Financial Resources

#### *Elderly care services*

30. In the 2012-13 financial year, the estimated expenditure on elderly care services amounts to \$5.03 billion, representing an increase of 52.4% compared with the recurrent expenditure for elderly care services at \$3.3 billion in 2007-08. The Administration will continue to allocate additional resources to increase the number of subsidised residential and community care places for the elderly.

#### *Care services for persons with disabilities*

31. The overall recurrent expenditure for rehabilitation services under the welfare portfolio<sup>2</sup> has increased from 2.8 billion in 2007-08 to \$4 billion in 2012-13, representing an increase of 43%. The Administration will continue to allocate additional resources to strengthen the rehabilitation services.

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<sup>2</sup> Excluding related expenditure under the Comprehensive Social Security Assistance Scheme and Social Security Allowance Scheme



## Targets to be met

### Elderly care services

32. On RCS, from 2012-13 to 2014-15, more than 1 700 additional subsidised residential care places have commenced / will commence operation in the territory. The details are as follows:

Type of residential care places / Year	2012-13	2013-14	2014-15	Total
Number of NH places	342	386	154	<b>882</b>
Number of C&A places	805	15	12	<b>832</b>
<b>Total</b>	<b>1 147</b>	<b>401</b>	<b>166</b>	<b>1 714</b>

33. SWD has earmarked 11 sites for the construction of contract RCHEs and the details of these sites have been set out in paragraphs 11 and 12 of LC Paper No. CB(2)548/12-13(01) and paragraph 10 of LC Paper No. CB(2)574/12-13(01). Of these 11 sites, we expect that the RCHEs at six sites could commence service from 2013-14 to 2017-18, providing more than 700 residential care places (including both subsidised and non-subsidised places). The number of places to be provided is a preliminary estimate and is subject to change as we continue to work out the details of the project. In view of the ageing population and the acute demand for subsidised residential care places, we will continue to make effort to increase the provision of such places in future years.

34. On CCS, an additional 182 and 40 subsidised day care places will come into operation in 2013-14 and 2014-15 respectively. Separately, the Pilot Scheme on Home Care Services for Frail Elders is expected to serve at least 510 cases during the three-year pilot period. Regarding the Pilot Scheme on Community Care Service Voucher for the Elderly, 1 200 vouchers will be issued by SWD at maximum during the First Phase.

## Care services for persons with disabilities

35. Along the strategic directions set out in paragraph 19 above, the Administration introduced the statutory licensing scheme for RCHDs in November 2011, and, as a complementary measure, launched in October 2010 the four-year Pilot Bought Place Scheme for Private Residential Care Homes for Persons with Disabilities, under which about 300 places will be purchased by phases. SWD has also allocated \$39 million to introduce the Financial Assistance Scheme for private RCHDs in December 2011, subsidising eligible private RCHDs to carry out improvement works for compliance with the licensing requirements on building and fire safety. Meanwhile, as pledged in the Policy Address 2013, the Administration will continue to provide more service places, and identify suitable sites and premises as early as possible to increase the supply. In this regard, SWD is now actively studying the feasibility of redeveloping the former sites of Siu Lam Hospital in Tuen Mun and Kai Nang Sheltered Workshop and Hostel in Kwun Tong into integrated rehabilitation services centres. Subject to the findings of the technical feasibility study, these two projects can provide a total of about 2 000 places of day training and residential care services for persons with disabilities.

36. According to present planning, there will be an additional provision of around 815 subsidised residential care places and 690 day training places for persons with disabilities from 2012-13 to 2014-15. Apart from this, SWD has identified 9 sites for construction of new RCHDs and day training centres. Together with some in-situ expansion, we estimate that an additional 2 116 residential care and 1 530 day care places will be provided from 2015-16 to 2017-18. Given that the planned projects in future years are still in the initial planning stage, the type of service and the number of places to be provided in each project may change subject to the actual size and design of the premises, etc. Meanwhile, we will continue to actively identify additional sites for provision of rehabilitation services to meet the demand.

## **Public Education**

37. The United Nations Convention on the Rights of Persons with Disabilities (the Convention) has entered into force in the Hong Kong Special Administrative Region since 31 August 2008. To promote the spirit and core values enshrined in the Convention, the Labour and Welfare Bureau (LWB) has from 2009-10 onwards substantially increased the annual allocation for public education activities from the previous amount of some \$2 million to about \$13 million, so as to put across the message of barrier-free and inclusiveness to the community at large. In collaboration with the Rehabilitation Advisory Committee, LWB has been making proactive efforts in mobilising cross-sectoral collaboration towards building an equal and inclusive society through launching territory-wide public education activities, including TV and radio programmes, docudrama, publicity programmes targeting youths and students, and roving exhibitions, etc. LWB has also increased funding for subsidising the District Councils, NGOs, public organisations, local organisations and self-help groups of persons with disabilities for organising public education activities in the local communities.

## **Advice Sought**

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

Labour and Welfare Bureau  
Social Welfare Department  
February 2013

For information  
on 26 February 2013

**LEGISLATIVE COUNCIL**

**PANEL ON WELFARE SERVICES  
PANEL ON HEALTH SERVICES**

**JOINT SUBCOMMITTEE ON LONG-TERM CARE POLICY**

**Planning for provision of  
subsidised residential care places for the elderly  
and persons with disabilities**

**Administration's Response to Issues Raised**

**Purpose**

This paper provides the Administration's response to the issues raised by Members and deputations regarding the planning for provision of subsidised residential care places for the elderly and persons with disabilities at the meeting on 29 January 2013, and by Dr Hon Fernando Cheung and Hon Cheung Kwok-che vide their respective letters to the Secretariat of the Joint Subcommittee on Long-term Policy (Joint Subcommittee) dated 8 February 2013 and 14 February 2013.

**Issues Raised**

2. At the meeting of the Joint Subcommittee on 29 January 2013, Members requested the Administration to provide the following information –
  - (a) a paper on long-term care (LTC) policy which should outline the direction, types of services to be provided, planning for the resources required for such services (e.g. site/premises, manpower, etc.) and the targets to be met;
  - (b) factors impeding the Administration to set target time for admission to residential care homes (RCHs), the types of job in the welfare sector which face shortage of manpower and specific measures the Administration would take to address the problem;

- (c) the process of land planning for LTC facilities;
- (d) the existing waiting time and the waiting time in the past three years for subsidised care-and-attention (C&A) places and nursing home (NH) places;
- (e) whether the Administration would consider allowing RCHs participating in the Enhanced Bought Place Scheme (EBPS) to import labour in proportion to the number of places purchased to solve the problem of manpower shortage;
- (f) the reasons for elderly applicants withdrawing their applications for residential care places;
- (g) whether the Administration would evaluate the impact of the Old Age Allowance (OAA), Old Age Living Allowance (OALA) and Guangdong (GD) Scheme on the services of RCHs;
- (h) how the Administration would meet the demand for C&A places given that a higher proportion would be allocated to NH places;
- (i) the number of special groups mentioned by the deputations (e.g. persons with dementia, persons with hearing impairment, etc.) who were waiting for and admitted to RCHs and the Administration's support to these groups; and
- (j) response to the views of members and deputations expressed at the meeting.

Dr Hon Fernando Cheung and Hon Cheung Kwok-che subsequently asked for additional information vide LC Paper No. CB(2)673/12-13(03) on 8 February 2013 (**Annex A**) and LC Paper No. CB(2)673/12-13(04) on 14 February 2013 (**Annex B**) respectively. The Administration's response to the issues raised is set out in ensuing paragraphs.

## **The Administration's Response**

### **LTC policy and planning for the resources required for LTC services**

3. The Administration has provided a paper on LTC policy for the elderly and persons with disabilities and related land and manpower matters covering issues raised in paragraph 2(a), (b), (c) and part of (j)

above vide LC Paper No. CB(2)673/12-13(01) to this Joint Subcommittee.

### Land

Whether the 36 Government, Institution or Community (G/IC) sites mentioned in the Policy Address for housing development purpose were originally for RCH, and whether the Administration intends to allocate certain proportion of such housing projects for RCH development (Question 2(3) of Annex A)

4. Among the 36 Government, Institution or Community (G/IC) and other government sites identified for residential development, no site is originally planned for residential care.

5. The Planning Department (PlanD) will consult the concerned departments when reserving land for various G/IC uses, including social welfare facilities such as residential care homes for the elderly (RCHEs), NHs, residential care homes for persons with disabilities (RCHDs), etc. If the Social Welfare Department (SWD) requires land for the provision of social welfare facilities to meet its policy objectives, PlanD will identify suitable sites for the purpose having regard to relevant requirements.

Reasons why sites 3, 5, 7, 10, 21 and 22 put forward by the Alliance for the Subvented Residential Care Service cannot be turned into RCHs (Questions 1 and 2 of Annex B)

6. As to why site #3, 5, 7, 10, 21 and 22 put forward by the Alliance for the Subvented Residential Care Service cannot be turned into an RCHE or RCHD, SWD considers them unsuitable for development or redevelopment for such purposes. Specifically, for site #3, SWD has no plan at this stage to pursue development of RCHs in view of the site constraints, i.e. a large portion of the site is on a steep slope and there is no proper vehicular access to the site. Any intended development in the site will involve, inter alia, a detailed geotechnical study to assess the slope stability which will take time to complete. Also, the related site formation and slope stabilisation works would likely have significant time and cost implications, and this should be considered having regard to the fact that the amount of usable site area for the welfare development is likely to be limited. We will also need to study whether the provision

of an up-to-standard emergency vehicular access will involve works which will encroach on adjoining residential areas outside the subject site. As for Sites #5, 7, 10, 21 and 22, they are zoned “Open Space” in the relevant Outline Zoning Plans. Lands which are zoned “Open Space” are intended primarily for the provision of outdoor open-air public space for active and/or passive recreational uses serving the needs of local residents as well as the general public. The provision of social welfare facilities, including RCHEs or RCHDs, is thus not permitted unless rezoning is pursued and approved by the relevant authorities. While SWD may pursue welfare development at the above sites, this would take time and eventually may not prove to be desirable nor cost-effective in some, if not all, of the sites. SWD will focus its efforts and resources on expediting the provision of RCH facilities in other sites identified for the purpose.

*Whether to change the open bidding policy to facilitate redevelopment of land owned by Non-governmental Organisations (NGOs) (Question 3 of Annex B)*

7. As mentioned in the Policy Address, we have been discussing with social welfare organisations on how to make better use of land owned by NGOs through in-situ redevelopment or expansion to provide diversified subvented and self-financing facilities. We will seriously explore how best to assist, facilitate and incentivise NGOs to unleash the potential of the land they own, including whether the existing open bidding policy should be fine-tuned.

**Manpower**

*Short and long-term manpower planning (Question 6 of Annex B)*

8. To ascertain the manpower demand in the welfare sector, SWD conducts regular projections on the manpower demand for various types of paramedical and care staff in the sector (particularly the manpower demand in elderly care and rehabilitation services), taking into account relevant factors such as the existing situation of supply and demand, additional manpower demand arising from new initiatives / projects planned for implementation in future and the ageing population etc., with due reference to other related surveys and views of the welfare sector. Having regard to the strong manpower demand in the sector, SWD has put in place measures as set out in the Administration’s paper (LC Paper No. CB(2)673/12-13(01)).

Salary of front-line care workers (Question 7 of Annex B)

9. Regarding the salary of front-line care workers, under the lump sum grant approach, subvented RCHEs and RCHDs run by NGOs have the flexibility to deploy the allocated provisions to arrange suitable staffing and determine their salary levels to ensure service quality and to meet service needs. Operators of contract RCHEs and the EBPS homes can also flexibly deploy their contract sum to engage staff where appropriate.

Staffing complement of RCHEs (Question 8 of Annex B)

10. Schedule 1 of the Residential Care Homes (Elderly Persons) Regulation (Cap. 459A) sets out the minimum staffing requirements of each type of staff of the various types of RCHEs. These statutory requirements were devised following extensive consultation with a wide range of stakeholders in the elderly care sector, and are still considered appropriate for ensuring minimum acceptable standards for RCHEs. SWD has been providing RCHEs which offer subsidised places with various kinds of supplements including the Dementia Supplement and Infirmary Care Supplement so that they can engage additional professional and / or care staff, or purchase relevant professional services, in a more flexible manner.

Measures to facilitate women to join the workforce (Question 9 of Annex B)

11. To support parents who are unable to take care of their children temporarily because of work or other reasons, SWD provides subvention to NGOs to run a variety of day child care services, and strives to enhance the flexibility of such services. At present, NGOs provide children of different age with a wide spectrum of child care services, including the independent Child Care Centre service, Kindergarten-cum-Child Care Centre service, Mutual Help Child Care Centre service, Neighbourhood Support Child Care Project and After School Care Programme, etc. Currently, there are still unused quotas for fee waiver and fee reduction for various child care services in general. Operating hours of relevant services cover morning, afternoon and evening on weekdays, weekends and holidays, with residential services provided under special circumstances. We will continue to closely monitor the operation of these services to meet the demand in the community.



Career ladder for care workers (Paragraph 2(i) above and Question 10 of Annex B)

12. The Industry Training Advisory Committee of the elderly care sector under the Qualifications Framework will draw up Specifications of Competency Standards for the sector, setting out the skills, knowledge and outcome standards required of employees in different functional areas, and providing a basis for course providers to design training courses to meet the needs of the sector. This will facilitate employees in the sector to set clear goals and directions for learning with a view to enhancing their career through continuous learning, raise the professionalism of practitioners and their sense of belonging, thereby attracting more people to join or remain in the welfare sector.

Information on temporary staff of RCHEs and RCHDs supplied by employment agents (Question 11 of Annex B)

13. We do not have the requested information. SWD has not kept information on whether RCHEs and RCHDs engage employment agents in recruiting / engaging staff.

Importation of labour to alleviate manpower shortage problem (Paragraph 2(e) above and Question 12 of Annex B)

14. As to whether the Administration will consider allowing RCHEs participating in the EBPS to import labour for their non-subsidised portion as a means to alleviate the manpower shortage problem, SWD is closely assessing the manpower situation of the RCHE sector and will formulate appropriate measures in light of the latest situation.

**Demand for subsidised residential care places**

Waiting time for subsidised C&A places and NH places (Paragraph 2(d) above)

15. The average waiting time for subsidised C&A places and NH places as at end-December of 2009 to 2012 is tabulated as follows –

	<b>Average waiting time (in months)</b> <b>(average from the past three months)</b>			
	<b>31 December 2009</b>	<b>31 December 2010</b>	<b>31 December 2011</b>	<b>31 December 2012</b>
<b>C&amp;A</b>				
Overall	22	21	22	25
Subvented/Contract Home	31	33	34	34
EBPS Home	9	8	8	7
<b>NH</b>	39	37	37	37

Number of persons with dementia and persons with hearing impairment who were waiting for and admitted to RCHs and support for these persons (Paragraph 2(i) above)

16. SWD does not keep statistics on the number of demented elderly applicants or elderly applicants with hearing impairment who are waiting for and admitted to subsidised residential care places. Nor does SWD classify elderly applicants for LTC services by their physical / mental illnesses. SWD implements an integrated LTC service model and provides care supplements (i.e. Infirmary Care Supplement and Dementia Supplement) to RCHEs for taking care of elderly residents requiring special care services. SWD has also allocated additional resources to improve the facilities of the subvented and contract RCHEs for providing better support to elders with different disabilities.

Factors impeding the Administration to set target time for admission to RCHs (Paragraph 2(b) above)

*RCHEs*

17. As the waiting time for subsidised residential care places is affected by a number of factors such as the special preference of applicants in terms of the location, diet and religious background of the elderly homes, whether the applicant has requested for joining family members and/or relatives in a particular home, and the turn-over rate of

individual homes, etc., it is very difficult to set target time for admission to RCHEs.

#### *RCHDs*

18. In the case of RCHDs, the waiting time also hinges on a number of factors such as the location preference of applicants and the turn-over rate of individual homes, etc. It is difficult to estimate the extent to which the waiting time will be shortened by the provision of additional places.

#### *Reasons why elderly applicants withdraw their applications for residential care places (Paragraph 2(f) above)*

19. The main reasons for applicants' dropping out of the Central Waiting List (CWL) for subsidised residential care places for the elderly include their admission to subsidised residential care places, withdrawal of applications, and passing away while on CWL. The relevant figures are set out in tabular form in **Annex C**.

#### ***Supply of subsidised residential care places***

#### *How the Administration would meet the demand for subsidised C&A places given that a higher proportion would be allocated to subsidised NH places (Paragraph 2(h) above)*

20. The Administration has already set out the strategies in increasing subsidised C&A places for the elderly vide paragraph 4 of LC Paper No. CB(2)432/12-13(01).

#### *Data regarding the operation of private RCHs and the profile of residents (Question 2(2) of Annex A)*

#### *RCHEs*

21. As at end-December 2012, private RCHEs provided 51 868 C&A places in Hong Kong, of which 7 337 were EBPS places. The enrolment rate of the residential care places offered by private RCHEs was about 75.5%. SWD does not keep statistics on the age and gender profile of the elderly residents of private RCHEs.

### *RCHDs*

22. As at end-December 2012, there were 78 private RCHDs in the territory providing about 4 000 places. The average enrolment rate was about 70%. SWD does not keep statistics on the profile of residents and other services that they may receive.

*Whether the Administration would adjust the percentage of maximum number of bought places in Bought Place Schemes (Question 5 of Annex B)*

### *RCHEs*

23. The maximum number of bought place from EBPS homes has been capped at 50% of the total home capacity since 2003. This measure on the one hand allows the participating private homes to run their non-subsidised part of business in the same RCHE, and on the other hand enables more homes to participate in EBPS so as to enhance the service standard of the private homes as far as possible.

### *RCHDs*

24. The pilot Bought Place Scheme (BPS) for private RCHDs, launched in October 2010, aims at purchasing about 300 places by phases over a four-year period. As at end-December 2012, a total of 245 places has been purchased. SWD will continue to purchase more places, having regard to the availability of quality service places in private RCHDs. Meanwhile, SWD will also review the operation of the pilot scheme, including the need to increase the percentage of subsidised places in BPS homes.

*OAA, OALA and GD Scheme (Paragraph 2(g) above and Question 4 of Annex B)*

25. The OAA, OALA and GD Schemes are social security schemes designed to help meet the special and financial needs of the elderly. For the GD Scheme which will provide OAA for Hong Kong elderly people who choose to reside in GD, while applicants are generally required to make applications in Hong Kong, SWD will appoint an agent which will, among other tasks, provide assistance to Hong Kong elderly people residing in GD (both at homes and RCHEs in GD) to make applications in GD if there is documentary proof that they are unfit to travel to Hong

Kong for health reasons.

26. After the implementation of OALA and GD Scheme for a period, the Administration will explore the feasibility of allowing elderly people who choose to retire in GD to receive OALA.

**Others (Paragraph 2(j) above)**

27. The Administration's response to issues raised by Members and the deputations which have not been addressed in preceding paragraphs is set out below.

**Community care places for the elderly**

28. Arising from their concerns over the provision of subsidised residential care services for the elderly, some Members and deputations provided their views and comments on the subsidised CCS for the elderly and the Pilot Scheme on Community Care Service Voucher for the Elderly (the Pilot Scheme) at the meeting on 29 January 2013. Information on CCS, including the Pilot Scheme to be rolled out in September 2013 and the Administration's efforts in increasing the provision of subsidised CCS places, has been set out in the Administration's paper on the LTC policy (LC Paper No. CB(2)673/12-13(01)).

**Service quality of private RCHDs under BPS**

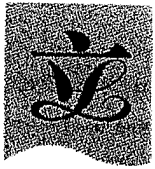
29. Private RCHDs under the pilot BPS are required to comply with a set of spatial and staffing requirements which are higher than the minimum licensing standards. Moreover, at least 50% of the care workers must have completed a relevant training course recognised by SWD. BPS homes must also comply with the 16 Service Quality Standards with reference to the existing service monitoring mechanism for service units subvented by SWD.

30. Surprise inspections are conducted by the inspectors of the licensing office on a regular basis to assess the service performance of these BPS homes and ensure their compliance with the above-mentioned requirements. Moreover, SWD set up in May 2012 Service Quality Groups comprising persons with disabilities/family members/carers and stakeholders in the district as members to help provide views and suggestions for service improvements in these BPS homes.

## **Advice Sought**

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

Labour and Welfare Bureau  
Social Welfare Department  
February 2013



工黨  
LABOUR PARTY

張超雄立法會議員辦事處

Fernando Chiu Hung Cheung Legislative Councilor's Office

致立法會長期護理政策聯合小組委員會秘書

**有關要求政府當局提供政策文件及資料**

長期護理政策聯合小組委員會下次會議於 2013 年 2 月 26 日舉行，延續上次與團體會商的會議，繼續討論「院舍護理服務的規劃及不足情況」。

上次會議期間，不少團體及委員均要求政府提交「長期護理政策文件」，勞工及福利局首席助理秘書長陳吳婷婷女士回應指政府有這份文件的存在，本人認為政府有必要向立法會及公眾提交這份長遠規劃方向及政策文件。本人要求政府在下次會議提供下列兩份資料文件，以供各委員參考及討論：

1. 長期護理政策文件，必須包括以下項目：
  1. 政策理念及價值
  2. 具體目標
  3. 具體服務，包括服務及資助模式，如何達成具體目標
  4. 未來十年的服務需求分析及預測，包括各類別殘疾人士、長者、及特別群組老齡化的問題，當中須包括預期新增輪候人數
  5. 各類服務提供數量及預測，包括長者及各類殘疾人士服務的仔細預測
  6. 各類服務及目標落實之時間表
  7. 人力資源規劃，包括整體需求分析及培訓計劃
  8. 土地規劃及供應策略，及與其他部門協調的工作
  9. 公眾教育及與地區人士協調的工作
  10. 財政預算及安排
2. 回應提問文件：
  1. 就 2013 年 1 月 29 日長期護理政策聯合小組委員會會議中，團體及各委員提出的意見及關注點，作出全面回應。
  2. 現時私營院舍的運作情況及數字，包括整體宿位數量及入住率；及入住私營院舍的長者及殘疾人士整體面貌(profile)，包括殘疾類別、年齡、性別、現正接受日間或社區服務的情況。
  3. 行政長官於 2013 年施政報告提出將 36 幅合共 27 公頃的「政府、機構或社區」(GIC) 用地改作房屋發展，請政府回應 36 幅土地中有否原規劃用作院舍服務的土地被特首徵用作房屋用途？另外，政府會否打算在這些房屋用地中，撥一定樓層及面積用作院舍服務？

長期護理政策聯合小組委員會  
主席

張超雄

謹上

二零一三年二月八日

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Office of Hon Cheung Kwok Che, Legislative Councillor (Social Welfare Functional Constituency)



致立法會長期護理政策聯合小組委員會

有關要求政府當局跟進回答現時院舍護理服務的規劃及不足情況

長期護理政策聯合小組委員會已於 2013 年 1 月 29 日舉行小組會議，討論現時院舍護理服務的規劃及不足情況。然而，政府當局於 2013 年 1 月 29 日提交的資料文件《資助安老宿位及殘疾人士宿位的供應補充資料》(下稱補充資料)中並沒有詳盡交代有關長者及殘疾人士的規劃情況，故本人希望政府能跟進回答下列 13 條有關護理規劃問題，以供各委員在日後會議作出參考及討論：

1. 就當局回應「爭取資助院舍聯席」的跟進情況(補充資料附件 13)中，請當局詳細解釋何以不就用地編號 3 (沙田廣榮里近帝堡城的用地)進行車輛通道改善措施，而拒絕研究在該處發展院舍；
2. 隨上，請當局詳細解釋何以拒絕改劃用地編號 5、7、10、21 和 22 的「休憩用地」使用，以研究發展院舍用途；
3. 就資助安老宿位及殘疾人士宿位不足情況，不少社福機構曾向本人表示欲重建其所擁有的社福用地，以釋放出更多土地空間作提供服務之用。唯政府現行的競投合約政策難以鼓勵機構於有關用地進行重建，白白浪費提高土地運用效益、解決宿位不足的機會。當局能否就此在尋找新社福用地的同時，改變現行投標政策，便利機構於原有社福土地用途建築物進行重建並提供更多服務用地，認真解決現時宿位不足的情況；
4. 現時有本港社福機構於內地廣東地區提供頤養服務，唯現行的廣東計劃只涵蓋綜援申請人及將安排予高齡津貼領取人士，政府打算於何時將計劃延展至長者生活津貼的申請人？另外，是否會邀請在廣東地區提供頤養服務的香港社福機構，例如香港復康會和香港伸手助人協會，代長者向政府申報居住年期，以鼓勵有意於內地頤養的人士願意用有關服務，以減輕本地宿位不足的壓力；若否，原因為何？
5. 政府當局不論就長者還是殘疾人士都有向私營院舍進行買位計劃，然而私營院舍有因於政府買位不足而影響參與計劃的意欲。為滿足大量輪候資助宿位人士的需求，政府會否考慮短期內即時增加買位計劃至佔院舍的七成宿位，以吸引更多私營院舍參與，提供更多資助宿位、縮短輪候時間；
6. 現時除了資助安老宿位及殘疾人士宿位嚴重不足外，從事相關的護理照顧服

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務之專業及前線支援人手亦甚為緊絀，政府當局就此有否作出長、短期的人手和服務規劃；若有，相關規劃政策內容為何；

7. 前線長期護理人手不足，乃有因於最低工資實行後引伸出的薪酬問題，當局會否考慮就此針對前線支援人手低薪問題提高薪酬或推行特別津貼或獎金，以增加職位吸引力；若有，內容為何；若否，原因為何；
8. 由於平均入住安老院舍的長者健康日漸退化，增加了照顧的時間和程序，令現有的照顧人手疲於奔命，難以應付服務需求。當局會否增加安老院舍的照顧人手編制，以便院舍維持服務；若有，內容為何；若否，原因為何；
9. 2010年統計處數字指出女性不能加入勞動市場的原因有超過40%是由於料理家務，已婚女性的勞動參與率更由40-44歲開始下跌。基於現時本港婦女因照顧家庭需要，就業較男性困難。當局會否考慮推行協助婦女就業的政策(如增加資助托兒及課餘託管名額、延長有關服務開放時間等)，鼓勵婦女投身照顧服務，以助解決長期護理照顧服務人手不足的問題；
10. 除了低薪金及就業支援配套不足外，現時本港長期護理照顧服務的就業前景亦不足夠，除了於資歷架構推動護理照顧行業外，當局會否考慮就該類職業提供職業晉升階梯，提升為專業/半專業職位，提高其職業地位，以鼓勵更多新血從事護理照顧行業；
11. 政府當局知否津助院舍現時因前線照顧人手短缺，而向中介公司招聘臨時人手(時薪或日薪)頂替，以符合條例的限制；若是得悉，能否告知這些機構聘用的人數和內容如何(工種、薪酬情況)；
12. 為應付護理人手不足問題，當局是否打算以引入外勞作長遠解決人手問題的應對政策；若否，政府能否提供一套「長期護理政策」政策規劃以應付未來二十年人口老化的需要(不論是零碎的個別政策，還是整體規劃)；
13. 除了就護理人手作出規劃，當局能否提供未來二十年，長者和殘疾人士的長期護理院舍和社區照顧服務的需求推算數據；政府就未來需求有否進行內部討論；有否打算就此作出全面研究？

張國柱

二零一三年二月十四日

**Annex C**

**Number of Elderly Admitted to  
Subsidised Residential Care Places  
(2007-08 to 2011-12)**

	<b>2007-08</b>	<b>2008-09</b>	<b>2009-10</b>	<b>2010-11</b>	<b>2011-12</b>
<b>NH place</b>	428	618	622	599	779
<b>C&amp;A place</b>	3 906	3 855	3 443	4 294	4 200

**Number of Elderly Who Withdrew their Applications from the  
Central Waiting List  
(2007-08 to 2011-12)**

	<b>2007-08</b>	<b>2008-09</b>	<b>2009-10</b>	<b>2010-11</b>	<b>2011-12</b>
<b>NH place</b>	294	290	371	269	333
<b>C&amp;A place</b>	2 168	1 985	2 067	2 292	2 155

**Number of Elderly Who Passed Away  
While Waiting for Subsidised Residential Care Places  
(2007 to 2011)<sup>Note</sup>**

	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
<b>NH place</b>	1 619	1 847	1 822	1 823	1 958
<b>C&amp;A place</b>	2 449	2 556	2 716	2 971	3 189

<sup>Note</sup>: only figures in calendar years are available.

**Other Reasons<sup>Note</sup> for Dropping Out of  
the Central Waiting List  
(2007-08 to 2011-12)**

	<b>2007-08</b>	<b>2008-09</b>	<b>2009-10</b>	<b>2010-11</b>	<b>2011-12</b>
<b>NH place</b>	249	250	242	264	212
<b>NH place</b>	1 378	1 403	1 333	1 501	1 411

<sup>Note</sup>: “Other reasons” include applicant’s disqualification for long-term care services, losing contact with the applicant, change in service need, etc. SWD, however, does not collate statistics for these causes individually. Therefore, no further breakdown can be provided.

For information  
on 19 February 2013

**Legislative Council  
Panel on Manpower  
and  
Panel on Welfare Services**

**Manpower Situation of Residential Care Homes for the Elderly**

**Purpose**

This paper informs Members of the manpower situation of residential care homes for the elderly (RCHEs) in Hong Kong.

**Background**

2. At present, manpower provision of all licensed RCHEs is bound by statutory requirements as stipulated in the Residential Care Homes (Elderly Persons) Ordinance (Cap. 459) and the Residential Care Homes (Elderly Persons) Regulation (Cap. 459A). For RCHEs offering subsidised places, they are subject to the service/contractual requirements as well. Details are elaborated in the ensuing paragraphs.

***(A) Statutory Requirements for all RCHEs***

3. The minimum staffing requirements of each type of staff of the respective type of RCHEs are set out in Schedule 1 of Cap. 459A. Details are as follows:

Type of Staff	Type of RCHEs <sup>1</sup>		
	Care and Attention Home (C&A Home)	Aged Home	Self-care Hostel
Home manager	1 home manager	1 home manager	1 home manager
Ancillary worker	1 ancillary worker for every 40 residents or part thereof between 7 a.m. and 6 p.m.	1 ancillary worker for every 40 residents or part thereof between 7 a.m. and 6 p.m.	1 ancillary worker for every 60 residents or part thereof between 7 a.m. and 6 p.m.
Care worker (CW)	a. 1 CW for every 20 residents or part thereof between 7 a.m. and 3 p.m.;  b. 1 CW for every 40 residents or part thereof between 3 p.m. and 10 p.m.;	No CW is required	No CW is required
	c. 1 CW for every 60 residents or part thereof between 10 p.m. and 7 a.m.		

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<sup>1</sup> As at end of December 2012, there were a total of 750 licensed RCHEs, of which 731 were C&A homes, 18 were aged homes and 1 was self-care hostel.

Type of Staff	Type of RCHEs <sup>1</sup>		
	Care and Attention Home (C&A Home)	Aged Home	Self-care Hostel
Health worker (HW)	Unless a nurse is present, 1 HW for every 30 residents or part thereof between 7 a.m. and 6 p.m.	Unless a nurse is present, 1 HW for every 60 residents or part thereof	No HW is required
Nurse	Unless an HW is present, 1 nurse for every 60 residents or part thereof between 7 a.m. and 6 p.m.	Unless an HW is present, 1 nurse	No nurse is required

Note :As an additional requirement for a C&A home or an aged home, any two persons, being a home manager, an ancillary worker, an CW, an HW or a nurse, shall be on duty between 6 p.m. and 7 a.m.

4. Respective types of RCHEs should at all times meet the above minimum staffing requirements. For those RCHEs which provide nursing home places, they also have to be registered under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap. 165) enforced by the Department of Health and are required to meet the staffing standard under that Ordinance too.

**(B) Service / Contractual Requirements for RCHEs offering subsidised places**

**Subvented / Contract RCHEs**

5. Subvented/contract RCHEs, in addition to the minimum staffing standard as specified under Cap. 459A, are required to comply with the staffing provision under the “essential service requirements” of the Funding and Service Agreements (FSA) or the service contracts signed between the RCHE operators and the Social Welfare Department (SWD) respectively. Such staffing requirements include registered social worker, qualified nurse and professional therapist, e.g. physiotherapist (PT) or occupational therapist (OT). For subvented/contract RCHEs providing nursing home places, additional professional and paramedical provisions, for instance, medical practitioners, dispensers and dieticians are also required under FSAs /service contracts.

## Private RCHEs under the Enhanced Bought Place Scheme

6. Private RCHEs participating in the Enhanced Bought Place Scheme (EBPS) are required to have an enhanced staffing standard exceeding the minimum staffing standard under Cap. 459A. In addition, once a private RCHE participates in EBPS, the specified standard will apply to the entire home regardless of the number of places purchased by SWD. There are two categories of homes under EBPS, i.e. EA1 homes and EA2 homes. EA1 homes are subject to higher staffing standard requirements which include nurse and PT.

## **SWD's measures in increasing the manpower supply for RCHEs**

7. The Administration fully understands the manpower demand of the RCHE sector. To this end, SWD has put in place the following measures to increase the manpower supply with a view to enhancing the service quality of the sector:

### Enrolled Nurse (EN)

8. To alleviate the shortage of ENs in the welfare sector, SWD, in collaboration with the Hospital Authority, has implemented the EN Training Programme for the Welfare Sector (the Training Programme) since 2006. The training fee is fully sponsored by SWD and all trainees have to sign an undertaking to work for the welfare sector for at least two years after satisfactory completion of the training. By mid-February 2013, 12 classes under the Training Programme have been launched, providing a total of about 1 500 training places. As far as the first four classes are concerned, over 90% of the graduates have been employed to work in the welfare sector.

### Paramedical Staff

9. To alleviate the recruitment and retention difficulties of paramedical staff faced by non-governmental organisations (NGOs) and EBPS EA1 homes, SWD sought an additional provision of \$285 million for providing additional funding for three years from 2009-10 to 2011-12 to enable NGOs and EBPS EA1 homes to offer more competitive salaries for recruitment and retention of paramedical staff or hire of such services. Additional resources of \$356 million was sought again for a further period of three years from 2012-13 to 2014-15 to continue such support to the sector. The unit subsidy of EA1 homes was raised in 2011-12 for the homes to employ staff or hire professional service to provide physiotherapy training and rehabilitation service to frail elders.

## OT and PT

10. With the support of the University Grants Committee, the student intakes of Bachelor of Science (Hons) OT and Bachelor of Science (Hons) PT programmes have been increased by 44 places (i.e. from 46 to 90 places) and 40 places (i.e. from 70 to 110 places) per cohort in the 2012-15 triennium. The Hong Kong Polytechnic University has also implemented a two-year entry level Master in Occupational Therapy (MOT) programme and a two-year entry level Master in Physiotherapy (MPT) programme from January 2012 onwards on a self-financing basis. To encourage graduates from the MOT and MPT programmes to join the welfare sector, SWD has implemented the Training Sponsorship Scheme through providing funding support for NGOs so that the NGOs could sponsor a total of 59 students enrolled in these two programmes. These 59 students have undertaken to serve the sponsoring NGOs for no less than two consecutive years immediately after graduation.

## HW

11. It is specified in Cap. 459 that only HWs registered under Cap. 459A can be employed as HW in RCHEs. To qualify for the HW registration, a person should have completed an approved training course and satisfy the Director of Social Welfare that he is a suitable person to be so registered. As of 1 January 2013, there were around 12 200 registered HWs in Hong Kong.

12. Training courses for HWs are being offered by different training bodies in Hong Kong. All these courses have been approved by the Director of Social Welfare in accordance with the requirement under Cap. 459A with standardised training content, training hours and format of assessment. As of 1 January 2013, there were 31 training bodies, including NGOs and tertiary institutions, organising 54 approved training courses for HWs for RCHEs. More than 1 500 HWs are trained by these training bodies annually to meet the manpower demand of the RCHE sector. In 2012-13, 16 out of the 54 approved courses were funded by the Employees Retraining Board (ERB) while others were offered on a self-financing basis.

## CW

13. According to Cap. 459A, CW means any person, other than an ancillary worker, HW or nurse, responsible for rendering daily and personal care to the residents. The job duties of CWs are to carry out the personal care schedule designed by a nurse or HW and to provide round-the-clock daily personal care services to the residents. There is no specific qualifications requirement for the



post of CW. As of 1 January 2013, around 8 600 CWs were employed by RCHEs in Hong Kong. Of these, some 4 900 were working in private RCHEs (about 57%) and around 3 700 in subvented, self-financed or contract RCHEs (about 43%).

14. Although there is no compulsory training for CWs required by law, CWs are encouraged to receive training relevant to their duties. In practice, SWD requires EBPS homes to ensure 75% of their CWs have received relevant training with a view to upgrading the service standards of these private homes.

15. Various training bodies provide training courses or topical training courses on elderly care for CWs. For instance, ERB offers training course on “Diploma in Health Worker Training”, “Certificate in Care Worker Training” and “Certificate in Elderly Home Care Training” for in-service CWs or interested persons. In 2012-13 (up to December 2012), about 1 300 trainees attended the above ERB training courses<sup>2</sup>. Separately, SWD and DH have been jointly providing training for RCHE care staff including CWs on a regular basis. About 2 100 care staff of RCHEs attend these training annually.

### **Other initiatives to help address the manpower shortage of the paramedical and care staff**

16. Apart from the above measures, the Administration has launched the following initiatives to help address the manpower shortage of the paramedical and care staff:

- (i) setting up of the Steering Committee on Strategic Review on Healthcare Manpower Planning and Professional Development (the Steering Committee): the Steering Committee, chaired by the Secretary for Food and Health, is conducting a strategic review of healthcare manpower planning and professional development in Hong Kong. It will put forward recommendations on how to cope with anticipated demand for healthcare manpower, strengthen professional training and facilitate

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<sup>2</sup> There was no class of the course on "Certificate in Elderly Home Care Worker Training" during the said period.

professional development having regard to the findings of the strategic review; and

- (ii) development of the Qualifications Framework (QF) for the elderly services sector: the Education Bureau has assisted the elderly care service sector to set up an Industry Training Advisory Committee (ITAC) in February 2012 to implement QF in the sector. QF will help establish an accessible articulation pathway to promote lifelong learning with a view to enhancing the quality of the local workforce. Specifically, ITAC will draw up Specifications of Competency Standards for the sector, setting out the skills, knowledge and outcome standards required of employees in different functional areas, and providing a basis for course providers to design training courses to meet the needs of the sector.

### **Advice Sought**

- 17. Members are invited to note the content of this paper.

**Social Welfare Department  
February 2013**