

**Legislative Council  
Panel on Welfare Services  
Panel on Health Services  
Joint Subcommittee on Long-term Care Policy**

**Ageing of Persons with Intellectual Disabilities**

**Purpose**

This paper briefs Members on the support provided by the Administration to persons with intellectual disabilities, and measures taken in response to the ageing of persons with intellectual disabilities.

**Policy objective**

2. The overall objective of the rehabilitation policy in Hong Kong is to prevent disabilities; to help persons with disabilities develop their physical and mental capabilities as well as their ability to integrate into the community; and to create a barrier-free physical environment through a comprehensive range of effective measures, with a view to ensuring that persons with disabilities can participate in full and enjoy equal opportunities both in their social life and personal growth.

3. Whilst persons with different disabilities require different rehabilitation services, persons with disability of the same category may also require different rehabilitation services having regard to their own capabilities and situations. In view of this, we all along adopt a “people-oriented” approach when developing rehabilitation services in order to address the different needs of individuals, thereby facilitating full integration of persons with disabilities into the community.

**Support services for persons with intellectual disabilities**

**Residential care services**

4. For persons with disabilities (including persons with intellectual disabilities) who cannot live independently or cannot be adequately taken care of by their families, the Administration provides various types of subsidised

residential care services to meet their diversified residential care needs at different stages of their lives. Residential care services for persons with intellectual disabilities include Hostel for Severely Mentally Handicapped Persons (HSMHs), Hostel for Moderately Mentally Handicapped Persons (MHHMs), Supported Hostel, Care and Attention Home for Severely Disabled Persons, Hostel for Severely Physically Handicapped Persons, Integrated Vocational Training Centre (Residential Service), Small Group Home for Mildly Mentally Handicapped Children/Integrated Small Group Home and Residential Special Child Care Centre, etc.

5. The Government currently provides a total of 11 987 subsidised residential care places for persons with disabilities. We anticipate that about 2 140 additional places will be provided between 2014-15 and 2017-18. Besides, the licensing scheme for residential care homes for persons with disabilities (RCHDs) has come into full operation since November 2011. In tandem, the Government has launched the Pilot Bought Place Scheme (BPS) for Private RCHDs with a view to encouraging private RCHDs to upgrade their service standards and increasing the supply of subsidised residential care places. Under the four-year Pilot BPS, about 300 places will be purchased in phases starting from 2010-11 with a total expenditure of \$70 million. As at November 2013, the Social Welfare Department (SWD) had bought a total of 245 places from six private RCHDs. We will raise the ceiling number of places to be bought in each home from the existing 55% of its recognised capacity to 70%, so as to provide more service options for persons with disabilities.

#### Day training and vocational rehabilitation services

6. The Government provides a wide range of employment and vocational rehabilitation services for persons with disabilities (including persons with intellectual disabilities) so as to equip them with job skills that meet market requirements and assist them in securing suitable employment commensurate with their abilities. These services and measures include Sheltered Workshop (SW), Supported Employment, Integrated Vocational Rehabilitation Services Centre (IVRSC), Integrated Vocational Training Centre (Day Service), On the Job Training Programme for People with Disabilities and Sunnyway - On the Job Training Programme for Young People with Disabilities, etc. Furthermore, for persons with severe intellectual disabilities who are unable to benefit from vocational rehabilitation training, Day Activity Center (DAC) provides them with day care and training in daily living skills and simple work skills. At present, a total of 16 938 subsidised day training and vocational rehabilitation places are provided in the territory for persons with disabilities in need. We anticipate that about 1 590 additional day training places will be provided between 2014-15 and 2017-18.

## Community support services

7. In tandem, we have been actively developing day care and community support services, with a view to providing persons with disabilities with necessary training and support to facilitate their continuous living at home and full integration into the community.

8. There are currently 16 District Support Centres for Persons with Disabilities (DSCs) across the territory to provide one-stop district-based support services for persons with disabilities, their family members and carers, so that they can receive the required services at the same centre within the district. The DSCs adopt an activity-oriented approach and formulate appropriate training, care, and social, psychological and personal development activities according to the various needs of service users. The DSCs will maintain liaison, communication and collaboration with stakeholders in the district for provision of suitable services to cater for their needs. In addition, we will explore ways to enhance the services so as to strengthen the support for persons with disabilities having regard to the service demand and views of the service users.

9. SWD has launched a three-year Pilot Scheme on Home Care Service for Persons with Severe Disabilities since March 2011 to provide a package of home-based personal care, rehabilitation training and nursing care service for persons with severe disabilities (including persons with severe intellectual disabilities) who live in Kwun Tong, Wong Tai Sin, Kwai Tsing and Tuen Mun districts and are on the waiting list for subvented residential care services. The Scheme also provides home respite service. Since the Pilot Scheme has proved to be a success and has been well received by the users, the service will be regularised in March 2014 upon the expiry of the three-year Pilot Scheme, and at the same time extended to persons with severe disabilities in all districts in Hong Kong, irrespective of whether they are on the waiting list for residential care services. The service will also adopt a case management approach in formulating individual care plans. We will refine the content and operation of the Scheme having regard to the service demand and views of stakeholders.

## Medical Services

10. Through a dedicated team specialising in intellectual disability care, the Hospital Authority (HA) seeks to provide necessary services such as medical care, physiotherapy, occupational therapy, prosthetic and orthotic services, medical social services, etc., for persons with intellectual disabilities, with a view to enhancing their quality of life, their abilities to care for themselves and improving their physical mobility.

### *In-patient Services*

11. With a total of 500 beds in Siu Lam Hospital, the HA provides integrated infirmary and rehabilitation services for adults with severe and profound intellectual disabilities.

### *Psychiatric Outreach Services*

12. The HA's psychiatric outreach service for persons with intellectual disabilities is mainly provided by the Kowloon West Cluster (Kwai Chung Hospital) and the New Territories West Cluster (Castle Peak Hospital and Siu Lam Hospital). Outreach healthcare services and community support services are provided for persons with severe intellectual disabilities who live in the community (including those living in hostels for mentally handicapped persons) as well as their carers. The scope of services includes clinical care, consultation and education, crisis management, family support and referral of suitable community resources etc. Detailed assessment of patients will be conducted by the outreach team and appropriate services will be arranged according to their individual needs.

### *Psychiatric Specialist Out-patient Services*

13. HA has assigned designated timeslots for persons with intellectual disabilities in the Hong Kong West Cluster (Queen Mary Hospital), the Kowloon West Cluster (Kwai Chung Hospital) and the New Territories West Cluster (Castle Peak Hospital) to facilitate their follow-up consultations in hospitals. HA will keep in view the need for other facilitating measures having regard to the service demand, manpower statistics and operation arrangement in various clusters.

### *Psychiatric Drugs*

14. Over the years, the HA has taken measures to expand the use of second-generation psychiatric drugs with reduced side effects according to the clinical conditions of patients (including persons with intellectual disabilities) and where circumstances so warrant. For instance, the HA was granted an additional funding of around \$40 million in 2011-12 to expand the use of second-generation anti-psychotic drugs. In 2012-13, it also allocated an additional funding of around \$38 million to further expand the use of new psychiatric drugs, including new anti-depression, anti-dementia drugs and drugs for patients with hyperactive disorders. The HA will keep in view the latest development of psychiatric drugs, review the use of drugs according to the established mechanism and increase funding allocation where necessary.

## *Dental Services*

15. At present, same as other Hong Kong residents, persons with intellectual disabilities may use the dental services provided for the public by the Government. The Department of Health (DH) provides free emergency dental services through specific service sessions of 11 government dental clinics. Services provided include treatment of acute dental diseases, prescription for pain relief, treatment of oral abscess and teeth extraction. The dentists will also give professional advice to patients with regard to their individual needs. In addition, specialist oral maxillofacial surgery and dental treatment are provided by the Oral Maxillofacial Surgery and Dental Units of the DH in 7 public hospitals for the referred in-patients as well as patients with special oral health care needs and dental emergency. Dental treatments under sedation and general anesthesia are also provided for persons in need. Students with intellectual disabilities under the age of 18 who are studying in special schools may participate in the School Dental Care Service provided by the DH every school year to receive oral health education, annual oral check-up and basic dental treatment.

16. In addition, having regard to the special circumstances of persons with intellectual disabilities, since August 2013, the Food and Health Bureau has provided subsidy for the Hong Kong Dental Association, the Hong Kong Special Care Dentistry Association and the Evangel Hospital for implementing a four-year Pilot Project on Dental Services for Persons with Intellectual Disability. On referral by the rehabilitation service units of welfare organisations (e.g. sheltered workshops), persons with moderate intellectual disabilities who are receiving Comprehensive Social Security Assistance (CSSA) and aged 18 or above may receive dental check-up, dental treatment and oral health education in the dental clinics participating in the project. If necessary, arrangements will be made for the patients to receive dental services under intravenous sedation or general anesthesia in hospitals. The Government has earmarked \$20 million for the project, which would benefit about 1 600 persons with intellectual disabilities.

## **Measures taken in relation to the ageing of persons with intellectual disabilities**

### Manpower, equipment and service contents of the service units

17. With improved medical services, the life expectancy of persons with disabilities has become longer. There is a growing concern over the situation surrounding the ageing of users of rehabilitation services. Since 2005, SWD has implemented a number of measures to meet the needs of ageing service users with deteriorating functioning capacity. These measures include:

- (1) Extended Care Programme (ECP)—The programme was launched in 2005 to meet the training needs of ageing service users in Day Activity Centres (DACs). It provides tailor-made activities for DAC service users who may not benefit from prolonged or intensive training due to ageing or deteriorating health conditions. Additional funding was allocated to provide ageing service users with suitable services including occupational therapy / physiotherapy services;
- (2) Work Extension Programme (WEP) — Similar to ECP, the programme was launched in 2005 to meet the training needs, including nursing/health care needs, of ageing service users in SWs / IVRSCs who can no longer benefit from ordinary vocational training due to old age or deteriorating work abilities. Additional funding was allocated to provide ageing service users with suitable services including nursing/health care services;
- (3) Visiting Medical Practitioner Scheme (VMPS)—The scheme was launched in 2006 to provide primary medical care and support for residents of subvented RCHDs to cope with problems relating to their ageing and deteriorating health conditions. Additional allocation was provided for the RCHDs for implementation of the scheme; and
- (4) Enhanced Physiotherapy Service and Health Care (EPSHC)—To strengthen support services for ageing residents living in HSMHs and HMMHs, additional recurrent allocation of about \$39 million was provided for these hostels for provision of enhanced physiotherapy and health care services in 2010.

18. On 1 November 2013, SWD again allocated an annual additional recurrent funding of about \$70 million to NGOs to strengthen the manpower of RCHDs (including different types of hostels for persons with intellectual or physical disabilities), ECP and WEP, and increased the funding for VMPS, with a view to further enhancing the care for ageing service users. If necessary, RCHDs may apply to the Lotteries Fund for procurement of furniture and equipment items to meet the special needs of ageing service users.

19. Furthermore, the Queen Elizabeth Foundation for the Mentally Handicapped (QEPMH) has launched a new “Scheme to Support Aged Persons with Intellectual Disability” since 2010 to sponsor relevant organisations to enhance the services for aged persons with intellectual disabilities and create more suitable living environment for them. From 2011 to 2013, QEPMH has allocated a total of around \$3.24 million for 68 projects, including procurement/enhancement of rehabilitative facilities, provision of physical

fitness training and arranging interest classes, etc.

### Review and follow-up

#### *Task Group on Ageing of Users of Rehabilitation Services*

20. To review the measures implemented in relation to the ageing of users of rehabilitation services, and recommend corresponding strategies and improvement measures having regard to the ageing of service users, SWD set up a Task Group on Ageing of Users of Rehabilitation Services (the Task Group) in December 2011. The Task Group is composed of representatives from relevant stakeholders including the healthcare sector, welfare sector, academia and parents groups. The report of the Task Group was released to the sector on 23 September 2013 and uploaded to the website of SWD for public information.

21. The Task Group recommended, as short-term measures, injecting additional resources to enhance the existing manpower of ECP and WEP, and to increase resource allocation for VMPS. Taking into account the recommendations of the Task Group and views of relevant stakeholders, including service operators, SWD has, as mentioned in paragraph 18 above, provided service operators with additional resources for implementing the improvement measures.

22. The Task Group also recommended developing a concise, comprehensive and user-friendly checklist. Apart from the age factor, the checklist adopts standardised criteria based on users' functioning capacity and care requirements to identify cases that may no longer benefit from DAC/SW/IVRSC training and will be suitable for admission to some enhanced programmes tailored-made for the needs of ageing service users.

#### *Working Group on Ageing of Persons with Intellectual Disabilities*

23. Meanwhile, the Rehabilitation Advisory Committee (RAC) of the Labour and Welfare Bureau set up a Working Group on Ageing of Persons with Intellectual Disabilities (the Working Group) in May 2013 to examine in detail the service needs of aged persons with intellectual disabilities in respect of residential and community care and support, day training services, medical care and health care with a view to putting forward recommendations to the Government on feasible long, medium and short term improvement measures. The Working Group comprises RAC members, parents, members of the healthcare sector and rehabilitation sector, and representatives from the relevant bureaux, departments and the Hospital Authority. The Working Group will also meet relevant organisations to exchange views as and when required.

24. Recently, the Working Group has set up a Task Force on Rehabilitation Services (the Task Force). Academics, rehabilitation service providers and parents have been invited to join the Task Force to study in depth issues relating to community support, day training services, residential care services, relevant data of aged persons with intellectual disabilities and functional capacity assessments etc. with a view to developing concrete proposals.

### **Advice Sought**

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

Labour and Welfare Bureau

Food and Health Bureau

Department of Health

Hospital Authority

Social Welfare Department

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