

**立法會**  
**Legislative Council**

LC Paper No. CB(2)493/13-14(02)

Ref : CB2/PS/1/12

**Panel on Welfare Services and Panel on Health Services**

**Joint Subcommittee on Long-term Care Policy**

**Background brief prepared by the Legislative Council Secretariat for  
the meeting on 16 December 2013**

**Support services for persons with intellectual disabilities**

**Purpose**

This paper provides a brief account of the past discussions at the Legislative Council and its committees regarding support services for persons with intellectual disabilities ("PIDs").

**Background**

2. According to the Administration, as enshrined in the Hong Kong Rehabilitation Programme Plan, the overall objective of the rehabilitation policy 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 terms of their social life and personal growth.

3. Intellectual disability is one of the 10 categories of disability<sup>1</sup> listed in the Hong Kong Rehabilitation Programme Plan released in 2007. To fulfil the objective of its rehabilitation policy, the Administration provides Day Training or Vocational Rehabilitation Service, Residential Service, and Community Support Service for PIDs.

---

<sup>1</sup> The other nine categories are Attention Deficit/Hyperactivity Disorder; autism; hearing impairment; mental illness; physical disability; Specific Learning Difficulties; speech impairment; visceral disability; and visual impairment.

## **Members' deliberations**

### Data on population of elders with intellectual disabilities and related long-term planning

4. In discussing medium- and long-term social welfare planning, members of the Panel on Welfare Services called on the Administration to collect data on the population of elders with intellectual disabilities, and in the light of the findings to enhance the elderly services for PIDs accordingly.

5. The Administration advised that 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") conducted Surveys on Persons with Disabilities and Chronic Diseases every five to seven years. The last survey was conducted in 2006-2007. The survey report included information on the profile of PIDs which were projected on the basis of the survey findings and administrative records, including further analysis by age and sex. C&SD was conducting the latest round of survey and the survey findings were expected to be published in the last quarter of 2014.

6. According to the Administration, to address 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, the Social Welfare Department ("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 included relevant stakeholders, e.g. family members/carers of service users, non-governmental organizations ("NGOs"), the medical sector, academics, etc. The working group planned to complete the review within the first half of 2013.

7. The Administration further advised that it would allocate an additional annual recurrent provision of \$67.9 million in 2013-2014 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 would set up a Focus Group on Ageing of Persons with Intellectual Disabilities to review the service needs of ageing PIDs and advise the Government on feasible improvement measures.

### Deteriorating functional capacity and early onset of dementia

8. Members were concerned that problems such as deteriorating functional capacity, cognitive impairment, swallowing difficulties and uncoordinated limbs of PIDs would worsen with age, and that early onset of dementia and deteriorating functional capacity usually came very suddenly. Since PIDs had difficulties in communicating with others and were unable to express their discomfort, it was difficult to assess the conditions of those persons suffering from dementia. At the Council meeting of 3 July 2013, a written question was raised on whether the Administration had developed a tool for assessing dementia in PIDs.

9. The Administration advised that through multi-disciplinary teams comprising psychiatrists, psychiatric nurses, occupational therapists, medical social workers and clinical psychologists, and so on, the Hospital Authority had been providing appropriate medical and rehabilitative care services to PIDs according to their individual needs. In determining whether a person with intellectual disabilities was suffering from dementia, doctors would examine the patient's clinical symptoms and conduct blood test, mental and behavioural assessments, cognitive assessments, brain scans and magnetic resonance imaging scans as necessary before making the diagnosis and providing follow-up treatment where appropriate.

### Inadequate manpower support

10. Members noted that front-line healthcare manpower was currently insufficient to meet the service needs arising from the ageing of PIDs. Concerns were raised on whether the Administration would review and adjust the mode and staff establishment of existing services.

11. The Administration advised that in line with the service development direction of providing continuum of residential care for persons with disabilities, SWD had rolled out a number of measures since 2005 to meet the needs of ageing service users with deteriorating functional capacity. These included the launching of the Extended Care Programme ("ECP") in Day Activity Centres ("DAC"), the Work Extension Programme ("WEP") in Sheltered Workshops ("SW") and Integrated Vocational Rehabilitation Services Centres ("IVRSC") in October 2005; and provision of additional recurrent funding of about \$39 million since 2010 to enhance healthcare and physiotherapy services provided in hostels for moderately mentally handicapped persons and severely mentally handicapped persons.

12. According to the Administration, an additional recurrent funding of \$67.9 million had been earmarked in 2013-2014 to strengthen the manpower of residential care homes and day training centres for persons with disabilities with a view to enhancing the care for ageing service users. The allocation aimed to facilitate the hostels for persons with intellectual or physical disabilities, SW/IVRSC operating WEP, and DAC operating ECP to obtain extra care staff. Under the Lump Sum Grant Subvention System, NGOs operating such residential care homes and day training centres for persons with disabilities had the flexibility in deploying the additional funding in arranging suitable staffing to ensure service quality and meet service needs. SWD would continue to monitor the service demand and resource utilization, and review the arrangements accordingly.

#### Age limit of application for Dementia Supplement

13. Members noted that over 40% of the PID residents in residential care homes showed symptoms of dementia when they reached 40 years old, but one of the application requirements for the Dementia Supplement was that the patient must be 60 years old or above, rendering residential care homes unable to apply for the Supplement to hire additional manpower for upgrading the care for such residents. Concerns were raised on whether the Administration would consider relaxing that application requirement.

14. According to the Administration, SWD would continue to monitor the service demand and resource utilization, and review the age limit of application for the Supplement accordingly.

#### **Relevant papers**

15. A list of the relevant papers on the Legislative Council website is in the **Appendix**.

## Appendix

### Relevant papers on Support services for persons with intellectual disabilities

Committee	Date of meeting	Paper
Panel on Welfare Services	21 January 2013 (Item I)	<a href="#">Agenda</a> <a href="#">Minutes</a>
Joint Subcommittee on Long-term Care Policy	29 January 2013 (Item I)	<a href="#">Agenda</a> <a href="#">Minutes</a>
Panel on Welfare Services	19 February 2013 (Item V)	<a href="#">Agenda</a> <a href="#">Minutes</a>  <a href="#">Administration's response to issues raised by deputations</a>
Joint Subcommittee on Long-term Care Policy	26 February 2013 (Item I)	<a href="#">Agenda</a> <a href="#">Minutes</a>
Joint Subcommittee on Long-term Care Policy	23 April 2013 (Item I)	<a href="#">Agenda</a> <a href="#">Minutes</a>
Joint Subcommittee on Long-term Care Policy	2 July 2013 (Item I)	<a href="#">Agenda</a> <a href="#">Minutes</a>
Legislative Council	3 July 2013	<a href="#">Official Record of Proceedings</a> (Pages 126 – 132)
Panel on Welfare Services	8 July 2013 (Item II)	<a href="#">Agenda</a> <a href="#">Minutes</a>