

For discussion on
15 February 2016

Legislative Council Panel on Welfare Services

Review of Disability Allowance

Purpose

At the meeting of this Panel on 25 February 2013, Members were informed, vide LC Paper No. CB(2)665/12-13(01), that a working group entitled “Inter-departmental Working Group on Review of the Disability Allowance” (the Working Group) had been set up by the Labour and Welfare Bureau (LWB) to follow up on the subject of allowing people with “loss of one limb” to apply for the Disability Allowance (DA) as mentioned by the Chief Executive (CE) in his Manifesto and related issues. Since then, LWB attended meetings of this Panel on 8 July 2013, 9 December 2013 and 9 March 2015, and apprised Members of the work progress of the Working Group¹. On 13 January 2016, the CE announced in his 2016 Policy Address that the Working Group had completed its work and the Government would implement the recommendations put forward by the Working Group. This paper recapitulates the composition of the Working Group and the scope of its work, and sets out its observations, findings and recommendations.

The Composition and the Scope of Work of the Working Group

2. The Working Group was set up by LWB in February 2013. Apart from LWB, members of the Working Group comprised representatives from the Food and Health Bureau, Financial Services and the Treasury Bureau, Social Welfare Department (SWD), Department of Health (DH), Labour Department (LD) and Census and Statistics Department (C&SD). The Working Group has also invited the Hospital Authority (HA) to participate in the Review. The membership of the

¹ On 8 July 2013, Members were briefed, vide LC Paper No. CB(2)1483/12-13(04), on the progress of the review of the DA. On 9 December 2013, Members were briefed, vide LC Paper No. CB(2)417/13-14(07), on the revisions to the Medical Assessment Form for the DA. On 9 March 2015, Members were briefed, vide LC Paper No. CB(2)947/14-15(05), on the consultancy study commissioned by the Working Group on the practices outside Hong Kong on the provision of financial assistance for persons with disabilities.

Working Group is set out at **Annex I**. Since its establishment, the Working Group has convened 13 meetings and met with various stakeholders and organisations. It has examined the eligibility criteria for the DA from various aspects, including reviewing the present arrangements for the DA having regard to the Ombudsman’s comments thereon, the practices outside Hong Kong, the findings of the latest survey on persons with disabilities in Hong Kong conducted by C&SD and of the Hong Kong Poverty Situation Report on Disability 2013 published by the Economic Analysis and Business Facilitation Unit (EABFU) of the Financial Secretary’s Office and C&SD. Details are set out in paragraphs 3 to 17 below.

(I) Present Arrangements

3. The DA, currently under the Social Security Allowance (SSA) Scheme², is a non-contributory and non-means-tested cash allowance introduced in 1973. Its objective is to assist severely disabled Hong Kong residents in meeting special needs arising from severe disability. An applicant for the DA has to be assessed as severely disabled and as a result needs substantial help from others to cope with daily life and that such a condition will persist for at least six months. The assessment is done by a doctor of DH or HA (or, under very exceptional circumstances, a registered doctor of a private hospital) using a Medical Assessment Form (MAF). A copy of the existing MAF is at **Annex II**.

4. As regards what is meant by “severely disabled and as a result needs substantial help from others to cope with daily life” as stated in the eligibility criteria for the DA, reference has been made to the Employees’ Compensation Ordinance (Cap 282). For physical disabilities, any applicant who is in a position broadly equivalent to a person with 100% loss of earning capacity under the nine categories of injuries as listed in the First Schedule to Cap 282 will be deemed to be severely disabled and as a result needs substantial help from others to cope with daily life. The existing MAF adopts the following nine categories of injuries –

² Other allowances under the non-contributory SSA Scheme include the non-means-tested Old Age Allowance for persons aged 70 or above and the means-tested Old Age Living Allowance for persons aged 65 or above who are in financial need.

- (a) loss of functions of two limbs³;
- (b) loss of functions of both hands or all fingers and both thumbs⁴;
- (c) loss of functions of both feet⁵;
- (d) total loss of sight;
- (e) total loss of hearing, both ears;
- (f) total paralysis (quadriplegia);
- (g) paraplegia;
- (h) illness, injury or deformity resulting in being bedridden⁶; and
- (i) any other conditions including visceral diseases resulting in total disablement⁷.

5. For disabilities falling outside paragraph 4(a) to (i) above, an applicant will be considered in a position broadly equivalent to 100% loss of earning capacity and thus eligible for the DA if his/her disabling condition has resulted in a significant restriction or lack of ability or volition to perform one of the following activities in daily living to the extent that substantial help from others is required –

- (a) working in the original occupation and performing any other kind of work for which he/she is suited; or
- (b) coping with self-care and personal hygiene including feeding, dressing, grooming, toileting and bathing; or
- (c) maintaining one's posture and dynamic balance while standing or sitting for daily activities, managing indoor transfer (bed/chair, floor/chair, toilet transfer), and travelling to clinic, school and workplace; or
- (d) expressing oneself, communicating and interacting with others, including speaking, writing, utilising social (community) resources, seeking help from others and participating in recreational and social activities.

³ The relevant injury as listed in the First Schedule to the Employees' Compensation Ordinance is "loss of 2 limbs".

⁴ The relevant injury as listed in the First Schedule to the Employees' Compensation Ordinance is "loss of both hands or of all fingers and both thumbs".

⁵ The relevant injury as listed in the First Schedule to the Employees' Compensation Ordinance is "loss of both feet".

⁶ The relevant injury as listed in the First Schedule to the Employees' Compensation Ordinance is "injuries resulting in being permanently bedridden".

⁷ The relevant injury as listed in the First Schedule to the Employees' Compensation Ordinance is "any other injury causing permanent total disablement".

The above criteria apply to the assessment of disabled persons with more than one disabling condition.

6. Persons meeting the above eligibility criteria and the residence requirements⁸ of the DA are eligible for the Normal DA. The Government also introduced the Higher DA under the DA Scheme in 1988. The Higher DA doubled the amount of Normal DA. In addition to meeting the eligibility criteria for the Normal DA, applicants for Higher DA must be assessed as in need of constant attendance in their daily life⁹.

7. The DA Scheme is to provide a non-means-tested cash allowance. Persons with disabilities in financial need may instead apply for the Comprehensive Social Security Assistance (CSSA) Scheme, which is mutually exclusive with the DA. The CSSA Scheme provides higher standard payments and various supplements and special grants to recipients with disabilities to meet their special needs¹⁰.

8. At present, the monthly rate of the Normal DA is \$1,580, whereas the monthly rate of the Higher DA is \$3,160. Persons aged between 12 and 64 and receiving Normal DA or Higher DA may be granted a monthly Transport Supplement of \$255. The above-mentioned amounts are adjusted annually on 1 February having regard to the movement of the Social Security Assistance Index of Prices

⁸ An applicant must have been a Hong Kong resident for at least seven years; and he/she must have resided in Hong Kong continuously for at least one year immediately before the date of application (absence from Hong Kong up to a maximum of 56 days during the one-year period is treated as residence in Hong Kong). Hong Kong residents aged below 18 are exempted from the above requirements.

⁹ Higher DA recipients could not be receiving care in residential institutions subsidised by the Government (including subsidised places in subvented/contract homes and residential care homes under various bought place schemes) or public hospitals and institutions under HA, or boarding in special schools under the Education Bureau.

¹⁰ The CSSA Scheme is designed to provide a safety net for individuals or families who are unable to support themselves financially because of age, illness, disability, unemployment, etc. to meet their basic needs. In addition to higher standard rates, CSSA recipients with disabilities may receive a wide range of supplements and special grants to address their special needs arising from disabilities, including rehabilitation, surgical and medical needs. CSSA recipients may also receive free medical services at public medical institutions. Further, for recipients medically certified to be in need of constant attendance, they may also apply for the Care and Attention Allowance under the CSSA Scheme to cover the costs of care and attention services at home (including the actual cost of hiring a carer) on a social worker's recommendation.

(SSAIP)¹¹.

9. As at end-December 2015, there were 134 392 DA recipients, among whom 113 806 were receiving Normal DA and 20 586 receiving Higher DA. In 2015-16, the estimated recurrent expenditure of the DA Scheme (i.e. including Normal DA and Higher DA), together with that of Transport Supplement, is \$3.1 billion.

10. DA or CSSA recipients who are severely disabled or in need of constant attendance, and persons aged 65 or above (regardless of whether they are disabled or the level of disability) may benefit from the Government Public Transport Fare Concession Scheme for the Elderly and Eligible Persons with Disabilities (Concession Scheme) to travel on general Mass Transit Railway lines, franchised bus routes, ferry routes and most green minibus routes any time at a concessionary fare of \$2 per trip. The average daily passenger trips under the Concession Scheme are around 931 000, with around 115 000 trips (12%) made by eligible persons with disabilities (figures as at end-October 2015). Noting the sharp rise in Hong Kong's elderly population, the Government's reimbursement of revenue forgone to the operators concerned is estimated to rise to around \$900 million in 2015-16 and is expected to increase to \$1.1 billion in 2016-17.

11. The Government implements multi-pronged initiatives to address the varying needs of persons with different types and levels of disabilities. Apart from the DA and the CSSA Scheme under the social security system, the Government has been implementing a series of diversified rehabilitation services and related initiatives for persons with disabilities in a continuing process of promoting the policy objective of helping persons with disabilities develop their capabilities as well as building a barrier-free living environment with a view to enabling them to fully participate in both social life and personal growth, and enjoy equal opportunities. Details are set out in **Annex III**. In 2014-15, the expenditure on rehabilitation services was over \$5 billion.

¹¹ According to the movement of the SSAIP, the relevant monthly rate would be adjusted upwards by 4.4% starting from 1 February 2016. The monthly rate of Normal DA will be increased from \$1,580 to \$1,650 per month, the Higher DA will be increased from \$3,160 to \$3,300 per month, and the Transport Supplement will be increased from \$255 to \$265 per month. The above-mentioned adjustments will take effect after approval by the Legislative Council (LegCo) is obtained.

(II) Direct Investigation Report Published by the Ombudsman

12. The Ombudsman published the Direct Investigation Report (DIR) on “Granting of Disability Allowance and Processing of Appeals by Social Welfare Department” in October 2009¹². The Ombudsman’s recommendations included –

- (a) to review the eligibility criteria for fine-tuning;
- (b) to review and revise the layout, format and contents of the MAF to enable clear documentation and to facilitate doctors’ systematic assessment;
- (c) to arrange regular audit of cases to spot systemic irregularities and deficiencies;
- (d) to clear discrepancy in views and practices with HA and DH;
- (e) to refine guidelines for staff, specifying the circumstances under which to clarify with doctors and the circumstances under which to escalate to senior officers;
- (f) to revise the notification letter to applicants, giving specific reason(s) for refusal of the DA;
- (g) to record in some detail the deliberation of the Medical Assessment Board and Social Security Appeal Board; and
- (h) to consider an overall review of the DA, covering the eligibility criteria, the roles of medical doctors and SWD as well as the assessment mechanism.

(III) Practices Outside Hong Kong

13. The Working Group invited a consultancy team from the Sau Po Centre on Ageing of The University of Hong Kong (HKU) to study the practices outside Hong Kong on financial assistance for persons with disabilities. The HKU consultancy study mainly covered four places, namely Australia, the United Kingdom (UK), the United States (US) and Taiwan¹³. The consultancy report is at **Annex IV**. The major observations of the consultancy team are set out in paragraphs 4.1 and 7.1 to 7.6 of Annex IV and summarised as follows –

- (a) The majority of the financial assistance programmes for

¹² The full report of the DIR (English version only) is available on http://ofomb.ombudsman.hk/abc/files/Disability_Allowance_report_-f.pdf.

¹³ Taking into account the views of stakeholders (including LegCo members), the HKU consultancy team conducted desktop research on the experiences of Macao and Spain in providing financial assistance to persons with disabilities. However, in view of the limited information collected, the report of the consultancy team did not contain a detailed analysis of these two places.

persons with disabilities are either means-tested or require contribution under the social insurance programmes. The only exceptions are the DA of Hong Kong and the financial assistance programmes of the UK which are non-means-tested and non-contributory;

- (b) All places under study determine the eligibility of applicants for financial assistance through medical, function and/or employability assessments. Hong Kong mainly adopts medical assessment, but has also put in place simple functional assessment;
- (c) Persons with “loss of one limb” are generally not directly eligible for financial assistance. The US, where clearly stipulates that persons with amputation of one leg up to the hip would automatically be qualified for financial assistance, is the only exception;
- (d) Different places have put in place different arrangements for taking account of assistive devices in disability assessment. Some places would assess applicants’ bodily functions with the assistance of rehabilitation or mechanical devices. The UK is one of such places, but the arrangements are not straightforward. For example, even if a child with no feet or legs can walk using prosthetic limbs, he/she is still entitled to the higher allowance;
- (e) Taiwan is the only place that adopts the International Classification of Functioning, Disability and Health (ICF)¹⁴ established by the World Health Organisation (WHO) as the basis for disability classification. The system was implemented in 2012, and will be fully implemented in 2019. The effect of the system has yet to be evaluated;
- (f) Some stakeholders considered it desirable to have a well articulated and accepted definition of disabilities for Hong Kong. However, this would involve a wide spectrum of work. It is more appropriate to conduct such an exercise in

¹⁴ ICF is a classification system instead of an assessment tool. It is based on the impact of the disability on physical and mental functioning, rather than on the disability itself. ICF only provides a classification framework, but it has not suggested an assessment mechanism for such classifications. In other words, places adopting ICF as the disability classification system are required to establish an appropriate assessment tool, by, for instance, directly applying or adjusting the existing tools for implementation, or developing a new set of assessment method.

a separate project, instead of in the context of the current DA review; and

- (g) The DA of Hong Kong is non-means-tested. To provide more effective assistance to persons with disabilities, the Government may, in future, consider focusing on providing assistance to persons in financial needs, instead of providing a flat rate to all persons with disabilities regardless of their financial situations.

(IV) Survey on Persons with Disabilities in Hong Kong

14. A territory-wide survey on persons with disabilities and chronic diseases was conducted by C&SD in 2013¹⁵ to estimate the number of persons with selected types of disabilities and chronic diseases. This survey also collected information on the basic profiles of persons with disabilities and chronic diseases.

15. In the survey, “persons with disabilities” included those with restriction of or those who lacked ability to perform an activity in the manner or within the range considered normal for a human being. Specifically, “persons with disabilities” were defined as those who –

- (a) had perceived themselves as having one or more of the following four conditions which had lasted, or were likely to last, for a period of six months or more at the time of enumeration –
 - (i) restriction in body movement;
 - (ii) seeing difficulty;
 - (iii) hearing difficulty; and
 - (iv) speech difficulty; or
- (b) had been diagnosed by qualified health personnel (such as practitioners of Western medicine and Chinese medicine) as having one or more of the following five conditions –
 - (i) mental illness/mood disorder;
 - (ii) Autism;
 - (iii) Specific Learning Difficulties;
 - (iv) Attention Deficit/Hyperactivity Disorder; and
 - (v) intellectual disability.

¹⁵ The survey report was published on 30 December 2014.

16. According to the results of the above-mentioned survey, there were 578 600 persons with one or more than one type of disability (excluding intellectual disability) in 2013. Although the above-mentioned survey also collected information on persons with intellectual disability residing in institutions and households, C&SD was of the view that there was strong indication of under-estimation in respect of the number of persons with intellectual disability residing in households as derived from the survey findings. A crude statistical assessment indicated that the total number of persons with intellectual disability in Hong Kong was likely to be in the region of 71 000 to 101 000. Analysed by selected type of disability (excluding intellectual disability), the number of persons with only one type of disability and multiple disabilities is tabulated as follows –

Selected Type of Disability	No. of Persons with One and Only One Type of Disability	No. of Persons with Multiple Disabilities	Total No. of Persons#
Restriction in body movement	152 800	167 700	320 500
Seeing difficulty	65 400	109 400	174 800
Hearing difficulty	56 400	98 800	155 200
Speech difficulty	4 000	45 300	49 300
Mental illness/mood disorder	73 300	74 000	147 300
Autism	2 600	7 600	10 200
Specific Learning Difficulties	5 700	12 000	17 700
Attention Deficit/Hyperactivity Disorder	4 200	8 600	12 800
Total No. of Persons with Disabilities (Excluding Persons with Intellectual Disability)	364 300*	214 300#	578 600

* There may be a slight discrepancy between the sum of individual items and the respective totals owing to rounding.

A person with more than one selected type of disability would be included in the respective types of disabilities simultaneously. Hence, the overall number of persons with disabilities is smaller than the sum of the number of persons with individual types of disability.

(V) Hong Kong Poverty Situation Report on Disability 2013

17. Adopting the analytical framework of the poverty line¹⁶ endorsed by the Commission on Poverty, EABFU, in collaboration with C&SD, conducted a detailed analysis on the 2013 poverty situation of 499 400 persons with disabilities living in households¹⁷ in Hong Kong based on data collected on persons with disabilities from the above-mentioned survey. The detailed analysis is set out in the Hong Kong Poverty Situation Report on Disability 2013¹⁸. It is highlighted in the report that there is a higher poverty risk faced by working-age persons with disabilities. One of the reasons is because persons with disabilities have a higher unemployment rate and may only take up part-time work. Another reason is that working-age carers, being charged with the responsibilities of taking care of persons with disabilities, may fail to fully participate in the labour market even though they are capable of working.

Recommendations of the Working Group

18. Having fully considered the information set out in paragraphs 3 to 17 above and other relevant information (including the views expressed by the stakeholders and interest groups who have contacted the Working Group), the Working Group has recommended enhancing the support for persons with disabilities through nine recommendations under five areas as described in paragraphs 19 to 41 below.

(A) Improving the existing assessment mechanism for the DA: To amend the MAF for the DA to achieve consistency and objectiveness in the assessment

19. SWD, together with LWB, DH, HA and the Efficiency Unit under the Chief Secretary for Administration's Office, set up an SWD Working Group in November 2009, to follow up on the Ombudsman's recommendations in the DIR mentioned in paragraph 12 above. The SWD Working Group proposed to revise and update the guidelines, MAF

¹⁶ The poverty line is set at 50 per cent of the median monthly household income before government intervention (i.e. tax and welfare transfers). The poverty line takes household income as the single indicator for measuring poverty without regard to the amount of assets and liabilities.

¹⁷ The poverty situation of the persons with disabilities who were not living in households (e.g. those living in institutions) are not included in the report.

¹⁸ The Hong Kong Poverty Situation Report on Disability 2013 was published on 31 December 2014.

and Checklist used in medical assessments and the work flow of parties for processing applications, so as to ensure consistency and objectiveness in conducting medical assessments and to achieve the policy objectives of the DA. A summary of the recommendations of the SWD Working Group is at **Annex V**.

20. Members of this Panel in general had no objection to most of the SWD Working Group's recommendations. However, some Members echoed the concern expressed by the Ombudsman over the reference to "100% loss of earning capacity" and over the assessment criterion of "working in the original occupation and performing any other kind of work for which he/she is suited" (work-related criterion) in the MAF. Some Members requested the Government to remove the reference to "100% loss of earning capacity" given that the granting of DA was not related to the applicant's employability. On the other hand, some Members requested the Government to retain the work-related criterion as they were worried that the removal of the relevant criterion would result in the ineligibility for the DA for some of the persons with disabilities.

21. Upon the suggestion of the Panel Chairman, the Working Group further explained the Government's proposals to the political parties and individual members serving on the Panel¹⁹. While a few Members maintained their view that the work-related criterion should be retained, most of the Members did not object to the Working Group's proposal to remove it from the MAF. Accordingly, the Working Group has **recommended** the adoption of the revised MAF for the DA at **Annex VI** in order to better facilitate doctors' assessment and to achieve consistency and objectiveness in the assessment. Specifically, the reference to "100% loss of earning capacity" and the work-related criterion have been removed. The Rehabilitation Advisory Committee (RAC) has been consulted on the revised draft MAF and supported the revisions.

¹⁹ At the meeting of this Panel held on 9 March 2015, the Panel Chairman suggested that the Government should further explain its proposed removal of the work-related criterion to the different political parties and individual members serving on the Panel before finalising the changes to the MAF.

(B) Improving the existing assessment mechanism for the DA: To standardise the arrangements for the use of rehabilitation and mechanical devices in medical assessment

22. Under the existing arrangements, doctors conduct medical assessment based on the condition of the patient as appeared in the medical consultation (i.e. with or without using the rehabilitation or mechanical devices) having regard to the assessment criteria on the MAF. In general, if applicants use rehabilitation or mechanical devices during the consultation, doctors would conduct the assessment having regard to the effect of the devices and vice versa. In the DIR, the Ombudsman stated that the Government should clarify whether the availability of rehabilitation or mechanical devices (e.g. prosthesis) which could compensate for loss of functionality should be taken into account when a doctor makes an assessment for the DA, as this would affect an applicant's eligibility for the DA.

23. As mentioned in paragraph 13(d) above, the Working Group has noted that there are different arrangements for the use of rehabilitation or mechanical devices in the assessment process in non-local places. The Working Group acknowledges that while the practice currently adopted in assessing eligibility for the DA (i.e. assessment made on the basis of the applicants' condition at the time of the consultation) reflects the actual circumstances at the time of the assessment, it may not necessarily reflect the applicants' condition at other times. This present practice could also create a public perception that the assessment criteria are not consistent. The Working Group considers that the Government should standardise the relevant arrangements, and has **recommended** that –

- (a) noting that persons with disabilities may have different conditions with the use of external²⁰ rehabilitation or mechanical devices (e.g. prosthesis), and considering that the purpose of the DA is to assist persons with severe disabilities in meeting special needs arising from such disabilities, doctors should assess the applicants on the basis of their condition without these devices; and
- (b) since rehabilitation or mechanical devices which are totally implanted (e.g. cardiac pacemaker) are to a certain extent part and parcel of the applicants' bodily functions, doctors

²⁰ Under the proposed standardised arrangements, external devices include partly implanted devices (e.g. artificial cochlea).

should practically assess the applicants on the basis that these devices are used.

(C) Continuing to monitor the implementation of the ICF established by the WHO in neighbouring places: To invite the RAC to continue monitoring the adoption of ICF established by the WHO in neighbouring places (in particular Taiwan), with a view to exploring how to devise a set of comprehensive and widely accepted definition of disabilities and the level of disabilities

24. The Working Group has been tasked to follow up on the subject of allowing people with “loss of one limb” to apply for the DA as mentioned by the CE in his Manifesto. “Loss of one limb” is a type of “physical disability”, and “physical disability” is one of the ten categories of disability listed in the Hong Kong Rehabilitation Programme Plan (RPP)²¹. As at end-June 2015, there were about 200 persons with “loss of one limb” (or its function) receiving the DA²². Under the existing eligibility criteria for severe disability due to physical impairment as set out in paragraph 4 above, persons with “loss of one limb” (broadly equivalent to 65% to 80% loss of earning capacity according to the First Schedule to Cap 282) are not eligible for the DA. However, persons with “loss of one limb”, regardless of whether due to the limb loss alone or limb loss plus other disabling condition(s), may otherwise be eligible for the DA under the functional criteria as stated in paragraph 5 (a) to (d) above²³.

²¹ There are ten categories of disabilities listed in the RPP, namely –

- (a) Attention Deficit/Hyperactivity Disorder;
- (b) Autism;
- (c) hearing impairment;
- (d) intellectual disability;
- (e) mental illness;
- (f) physical disability;
- (g) Specific Learning Difficulties;
- (h) speech impairment;
- (i) visceral disability; and
- (j) visual impairment.

²² The Government does not keep the total number of persons with “loss of one limb” (or its function) in Hong Kong. According to the 2013 C&SD survey mentioned in paragraphs 14 to 16 above, there were 2 600 persons with loss of upper/lower limb(s) (i.e. including persons with loss of one and more than one limb) and 242 200 persons with mobility difficulty with lower limb/foot and/or upper limb/hand.

²³ Or under the three functional criteria as stated in the revised MAF at Annex VI as referred to in paragraph 5(b) to (d) above.

25. Most stakeholders consider that the Government should not simply address the issue of allowing people with “loss of one limb” to apply for the DA in isolation, without addressing the parity issue vis-à-vis other persons with disabilities currently not eligible for the DA, in particular those suffering from other types of disabilities which are comparable with or more severe than “loss of one limb”. Given the wide spectrum and different degrees of disabling conditions, it would not be realistic to expect that a community consensus on the definition of disability levels comparable with or more severe than “loss of one limb” (but not severely disabled) could be reached in the near future.

26. Indeed, this is a very complicated issue. It involves not only a relaxation of the existing eligibility criteria for the DA from severe disability to less severe disability (say, moderate disability) and the related question of whether the same level of DA should apply to the “less severe group”, but also raises the question of designing a mechanism for a reasonable assessment of disabilities for less severe levels (say, from moderate to below severe levels). There is currently no ready assessment mechanism in Hong Kong for assessing persons with mild or moderate disabilities. Some concern groups have urged the Government to suitably incorporate features of the ICF²⁴ established by the WHO into the DA assessment mechanism so as to better reflect the impact of the disability on the daily living of persons with disabilities.

27. The Working Group is also mindful of the financial implications for relaxing the eligibility criteria for the DA to a less than severe disability level. Given the substantial number of persons with disabilities as referred to in paragraph 16 above, any relaxation would involve very significant additional recurrent expenditure for the DA Scheme and would have repercussions for the Concession Scheme (as referred to paragraph 10 above) and for the CSSA Scheme (as referred to in paragraph 7 above).

28. The Working Group has concluded that as the DA is a non-contributory and non-means-tested cash allowance, it would be appropriate to stick to its policy intent of assisting severely disabled persons in Hong Kong. As explained above, to relax the eligibility criteria to extend the DA to the less severe groups is a significant policy

²⁴ In essence, the ICF is a disability classification system (not a ready assessment tool) which focuses more on the impact of the disability on the activities and social life of persons with disabilities, rather than on the disability itself. According to the study conducted by the HKU consultancy team mentioned in paragraph 13(e) above, Taiwan is the only place where the ICF plays a major role in the disability assessment mechanism. The system was implemented in 2012, and will be fully implemented in 2019. The effect of the system has yet to be evaluated.

decision which requires careful consideration. In this connection, the Working Group has made reference to the observations made by the HKU consultancy team, particularly those mentioned in paragraph 13 (c) and (g) above.

29. On a broader front, the HKU consultancy team has noted that, instead of focusing on the issue of “loss of one limb”, some stakeholders consider it desirable to have a well articulated and accepted definition of disabilities for Hong Kong to build consensus in order to improve the overall support services for persons with disabilities. This may require a major overhaul of the assessment mechanisms under different disability support programmes in Hong Kong and a large scope of work would be involved. The HKU consultancy team has considered that it would be more appropriate to conduct such an exercise in a separate project, instead of in the context of the current DA review (please refer to paragraph 13(f) above).

30. Having carefully examined the policy, implementation, finance and other relevant implications, the Working Group has recommended not to relax the eligibility criteria for the DA to specifically include persons with “loss of one limb” nor to introduce any fundamental changes to the present eligibility criteria for the DA (nor for the Concession Scheme). The Working Group has **recommended** that the RAC be invited to continue monitoring the adoption of ICF in neighbouring places (in particular Taiwan), with a view to exploring how to devise a set of comprehensive and widely accepted definition of disabilities and the level of disabilities applicable to Hong Kong. The RAC has been consulted and is agreeable to this recommendation.

*(D) Encouraging persons with disabilities to engage in employment:
To invite the Community Care Fund (CCF) to fund a pilot scheme
to provide further disregarded earnings for recipients with
disabilities under the CSSA Scheme*

31. The Government fully recognises that most persons with disabilities will be able to undertake some kinds of productive work. Some of them, depending on the severity and nature of disabilities, may not be suitable to enter into the open employment market. SWD is assisting them to enhance their skill through providing Sheltered Workshops, Supported Employment, Integrated Vocational Rehabilitation Services Centres and Integrated Vocational Training Centres, etc. With appropriate vocational training in a specially designed training environment, persons with disabilities can learn to

adapt to work requirements, develop social skills and relationships, and prepare for potential advancement to supported and open employment. Other persons with disabilities may need assistance to prepare them for entry into the labour market and for sustaining their employment. The Government not only provides assistance to persons with disabilities, but also to their employers. For instance, for job seekers with disabilities who are fit for open employment, LD provides them with free and personalised employment services. Free recruitment service is also provided to employers who wish to employ persons with disabilities. The placement officers offer persons with disabilities employment counselling to help them explore their career aspirations and provide them with the latest information on the labour market. The placement officers also proactively conduct job matching for job seekers and refer suitable job seekers to employers for job interviews. Upon placing a job seeker into employment, the placement officer will provide a minimum of six-month follow-up service. During this period, the placement officer will keep in view the work progress of the employee with disabilities and render appropriate assistance through maintaining close contact with him/her and his/her employer.

32. At present, CSSA recipients with disabilities tend to be reluctant to leave the CSSA net which provides comprehensive support, including a wide range of grants to address their special needs as well as free medical services at public medical institutions. While some unemployed persons with disabilities may have the ability to engage in paid employment, they tend to choose to enter or stay in the CSSA net. In a continuing effort to pursue the Government's objective to help working-age persons with disabilities find suitable jobs on the basis of their abilities (rather than disabilities) and having regard to the observations of the Hong Kong Poverty Situation Report on Disability 2013 as referred to in paragraph 17 above and the views expressed by stakeholders and interest groups, the Working Group has **recommended** that the CCF be invited to fund a three-year pilot scheme to provide further disregarded earnings²⁵ (up to \$6,800 per month versus the present level of \$4,200 per month) for CSSA recipients with disabilities. Details are set out at **Annex VII**.

²⁵ To encourage CSSA recipients who have working ability to find jobs and remain in employment, a portion of the CSSA recipient's monthly earnings from employment will not be deducted from their CSSA entitlement. At present, the first \$800 of their monthly earnings and 50% of their remaining monthly earnings are disregarded until the total amount of monthly disregarded earnings reach \$2,500. Earnings above \$4,200 would be completely deducted from CSSA entitlement.

***(E) Encouraging persons with disabilities to engage in employment:
To invite the CCF to fund a pilot scheme to provide a subsidy for
eligible persons with disabilities who are receiving the Higher DA
and engaging in paid employment***

33. In the process of the review, the Working Group has noted that some of the non-CSSA recipients with severe disabilities requiring constant attendance²⁶ (i.e. eligible for the Higher DA), particularly those with higher educational qualifications, have strong desire to engage in paid employment. However, given that these persons require constant attendance, some of them (especially those without family support) have to give up employment opportunities owing to the lack of carers to assist in their daily living (including activities at the workplace). For those who have employed carers, mostly foreign domestic helpers (FDHs), to assist them in their daily life (including activities at the workplace), the expenditure incurred for hiring of the carers is substantial. Some of them therefore have reluctantly resorted to the CSSA and give up employment in order to meet the income threshold under the CSSA Scheme.

34. The Working Group is sympathetic to the need of these persons with disabilities and is keen to help them sustain employment. The Working Group has therefore **recommended** that the CCF be invited to fund a three-year pilot scheme to provide a subsidy of \$5,000 per month (on top of the Higher DA which is currently set at \$3,160 per month) for hiring of carers (mostly FDHs) by Higher DA recipients who have secured paid employment fulfilling the prescribed requirements. Details are set out at **Annex VIII**.

***(F) Encouraging persons with disabilities to engage in employment:
To implement a pilot scheme to procure counselling services from
a non-governmental organisation (NGO) to provide counselling
support for job seekers with disabilities who are in need of such
services***

35. The Working Group has **recommended** enhancing the employment services rendered by LD (set out in paragraph 31 above), by strengthening the psychological/emotional counselling service provided for job seekers with disabilities who are registered with LD through

²⁶ For CSSA recipients medically certified to be in need of constant attendance, they may also apply for the Care and Attention Allowance under the CSSA Scheme to cover the costs of care and attention services at home (including the actual cost of hiring a carer which is in most cases a foreign domestic helper) on social worker's recommendation.

procurement of counselling service from an NGO with experience in serving persons with disabilities. LD will implement a two-year pilot scheme to provide additional support for those job seekers in need of emotional counselling service and help them concentrate on job search and settle down in their new jobs. There are now about 2 600 job seekers with disabilities registered with LD and it is roughly estimated that about 5% (about 130) of them would require such counselling service.

***(G) Encouraging persons with disabilities to engage in employment:
To prepare early for the regularisation of the pilot scheme on peer supporters for ex-mentally ill patients***

36. The Working Group has noted that SWD would soon launch a two-year pilot scheme on peer supporters for ex-mentally ill patients where trained ex-mentally ill persons serve as peer supporters to provide encouragement for others in rehabilitation through sharing their recovery experience. The pilot scheme, which would be funded under the Lotteries Fund (LF), seeks to speed up the recovery of peer supporters, help them gain confidence and join/rejoin the labour market. The peer supporters will also be provided with employment counselling, training and support for taking up jobs in the labour market. The Working Group has **recommended** that, subject to the evaluation of the service models to be implemented under the pilot scheme, early preparation be made for regularisation of the pilot scheme on peer supporters.

***(H) Providing financial support for carers of persons with disabilities:
To invite the CCF to fund a pilot scheme to provide a living allowance for low-income carers of persons with disabilities***

37. The Working Group has noted the findings of the Hong Kong Poverty Situation Report on Disability 2013 as referred to in paragraph 17 above, in particular the fact that working-age persons, being charged with the responsibilities of taking care of their family members with disabilities, may fail to fully participate in the labour market, and this is one of the main reasons why families with member(s) with disabilities are facing higher poverty risk. The Working Group has also noted that the Government has rolled out a CCF-funded Pilot Scheme on Living Allowance for Carers of the Elderly Persons from Low Income Families since June 2014. A subsidy of \$2,000 per month will be distributed to low-income family carers of elderly person(s) who have been assessed under the Standardised Care Needs Assessment Mechanism for Elderly Services administered by SWD to have impairment at moderate or severe

level. The allowance aims to help supplement the carers' living expenses so that elderly persons in need of long-term care services can, with the help of their carers, receive proper care and enable them to live in the community. While eligible carers of elderly persons (with or without disabilities) may benefit from the pilot scheme mentioned above, the Working Group considers that persons with disabilities of other age group may also require support of carers on the grounds of their disabilities. The Working Group has therefore **recommended** that the CCF be invited to fund a two-year pilot scheme to provide allowances for low-income carers of persons with disabilities. Details are set out at **Annex IX**.

(I) Providing support for children with special needs and their parents: To establish a working group to examine the feasibility of setting up a public trust for children with special needs and their parents, and review the related guardianship system

38. The CE announced in his 2015 Policy Address that the Government would launch a pilot scheme through the LF to provide on-site rehabilitation services to children with special needs who are studying in kindergartens (KGs) or kindergarten-cum-child care centres (KG-cum-CCCs). The pilot scheme will also provide professional consultation and assistance to the teachers/child care workers of participating KGs or KG-cum-CCCs, and support services to the parents of these children. This pilot scheme, in terms of its scale and format, is unprecedented in the social welfare sector. A total of 16 social welfare organisations have joined the scheme and will altogether provide over 2 900 training places covering more than 450 KGs and KG-cum-CCCs. The pilot scheme would enable early intervention to help those children restore or increase their ability to cope with their lives in future and it is a most worthwhile social investment. The Working Group supports early preparation for regularisation of the pilot scheme.

39. During the course of the DA review, it has brought to the Working Group's attention that parents of children with special needs (in particular those who are mentally incapacitated persons) are concerned that, after they have passed away, there is no reliable institution to safeguard the financial benefits and well-being of their children. The parents would leave some assets to their children but they are concerned that there is no public trust to manage their assets so as to ensure that their children are reasonably taken care of. The high administrative cost of setting up a private trust is not cost effective for those parents with assets of small to medium size. The parents have urged the Government

to consider setting up a public trust to provide affordable trust services for parents of children with special needs.

40. The Working Group is sympathetic to the concerns of these parents and has **recommended** that LWB should examine the feasibility of establishing a public trust through the engagement of the stakeholders concerned, including parents of children with special needs, NGOs and the legal sector, and review the relevant guardianship system. This will include conducting research on the relevant systems in other places, consulting and engaging the stakeholders, the welfare and legal sectors, and other interested parties on the key parameters of the system, the setting up of the investment vehicle/mechanism and the preparation of the legal instruments to implement the trust, etc.

41. For easy reference of Members of this Panel, a summary of the Working Group's recommendations is set out as follows –

(A) **Improving the existing assessment mechanism for the DA**

Recommendation 1: To amend the MAF for the DA to achieve consistency and objectiveness in the assessment;

Recommendation 2: To standardise the arrangements for the use of rehabilitation and mechanical devices in medical assessment;

(B) **Continuing to monitor the implementation of the ICF established by the WHO in neighbouring places**

Recommendation 3: To invite the RAC to continue monitoring the adoption of ICF established by the WHO in neighbouring places (in particular Taiwan), with a view to exploring how to devise a set of comprehensive and widely accepted definition of disabilities and the level of disabilities;

(C) **Encouraging persons with disabilities to engage in employment**

Recommendation 4: To invite the CCF to fund a pilot scheme to provide further disregarded earnings for recipients with disabilities under the CSSA Scheme;

Recommendation 5: To invite the CCF to fund a pilot scheme to provide a subsidy for eligible persons with disabilities who are

receiving the Higher DA and engaging in paid employment;

Recommendation 6: To implement a pilot scheme to procure counselling services from an NGO to provide counselling support for job seekers with disabilities who are in need of such services;

Recommendation 7: To prepare early for the regularisation of the pilot scheme on peer supporters for ex-mentally ill patients;

(D) **Providing financial support for carers of persons with disabilities**

Recommendation 8: To invite the CCF to fund a pilot scheme to provide a living allowance for low-income carers of persons with disabilities; and

(E) **Providing support for children with special needs and their parents**

Recommendation 9: To establish a working group to examine the feasibility of setting up a public trust for children with special needs and their parents, and review the related guardianship system.

Next Steps

42. As announced by the CE in his 2016 Policy Address, the Government will implement the recommendations put forward by the Working Group. LWB will continue to liaise with the relevant parties, including the relevant Government departments, authorities and committees, on the early implementation of the nine recommendations mentioned above.

Advice Sought

43. Members are invited to note and comment on the content of this paper.

Labour and Welfare Bureau
February 2016

**Inter-departmental Working Group on
Review of the Disability Allowance**

Membership List

- Convenor** : Permanent Secretary for Labour and Welfare
- Members** : Financial Services and the Treasury Bureau
Principal Assistant Secretary for Financial Services &
the Treasury (Treasury)(B)
- Food and Health Bureau
Deputy Secretary for Food & Health (Health)1
- Labour and Welfare Bureau
Deputy Secretary for Labour and Welfare (Welfare) 2
Commissioner for Rehabilitation
- Census and Statistics Department
Assistant Commissioner for Census and Statistics
(Social)
- Department of Health
Principal Medical & Health Officer (4)
- Labour Department
Assistant Commissioner (Employees' Rights &
Benefits)
- Social Welfare Department
Assistant Director of Social Welfare (Rehabilitation &
Medical Social Services)
Assistant Director of Social Welfare (Social Security)
- Hospital Authority
Chief Manager (Primary & Community Services)
- Secretary** : Principal Assistant Secretary for Labour and Welfare
(Welfare)4

Medical Assessment Form for the Disability Allowance (Existing Version)

SOCIAL SECURITY ALLOWANCE (SSA) SCHEME

M E M O

From: Supervisor, _____
Social Welfare Department

To: *Medical Social Worker /
Medical Officer-in-charge
_____, *Hospital/Clinic

Ref.: _____

Your Ref.: _____

Tel.: _____

dated: _____

Date: _____

Re: *Mr/Ms _____ (_____)

*HKIC/BC No.: _____ Age: _____ (*M/S/W/D)

Address: _____ Tel. No.: _____

Hospital/Clinic: _____ Ref. No.: _____

Next follow-up date: _____ Specialty/Ward: _____

The above-named, who claims suffering from _____ (type of disability), has applied for Disability Allowance under the SSA Scheme. *He/She has given us permission to make the medical enquiry. Available information on *his/her disability *and/or medication is as follows: _____

- 2 A copy of the *previous medical assessment report/follow-up slip/card/X-ray card* is/are* attached/not available.
- 3 The above-named *is/is not a sheltered workshop worker ** (specify only for cases applying for Higher Disability Allowance).
- 4 I should be grateful if you would fill in the relevant sections in the form overleaf and return the original copy of the completed form to the undersigned **on or before** _____. If telephone discussion is desirable, please contact the undersigned or _____ on Tel. No.: _____

Signature: _____
Name in block letters: _____
Supervisor, _____

(For new applications only)

From: Medical Social Worker
_____, *Hospital/Clinic

To: Supervisor, _____
Social Welfare Department

Ref.: _____

Your Ref.: _____

Tel.: _____

dated: _____

Date: _____

Re: *Mr/Ms _____ (_____)

*HKIC/BC No.: _____ Age: _____ (*M/S/W/D)

Address: _____ Tel. No.: _____

Hospital/Clinic: _____ Ref. No.: _____

The above-named has applied for Disability Allowance under the SSA Scheme.

- 2. I forward overleaf a medical report on the above-named. Additional remarks are as follows:

(Space for official chop)

Signature of Medical Social Worker:.....
Name in block letters:.....
.....*Hospital/Clinic

**Checklist for Medical Assessment of
Eligibility for Normal Disability Allowance
for Disabilities other than Profound Deafness**

Eligibility criteria

Subject to other eligibility criteria being met, an applicant certified by the Director of Health or the Chief Executive, Hospital Authority as being in a position broadly equivalent to 100% loss of earning capacity according to the criteria in the First Schedule of the Employees' Compensation Ordinance (Cap. 282) can be eligible for Normal Disability Allowance (NDA) under the Social Security Allowance Scheme.

A profoundly deaf person who is certified to be suffering from a perceptive or mixed deafness with a hearing loss of 85 decibels or more in the better ear for pure tone frequencies of 500, 1 000 and 2 000 cycles per second, or 75 to 85 decibels with other physical handicaps which include lack of speech and distortion of hearing can also be eligible for NDA. Applicants suffering from hearing impairment should be assessed by ENT doctors of the designated specialist clinics/hospitals under the Hospital Authority in order to determine their eligibility for NDA. There is a different set of medical assessment form for cases of profound deafness.

Checklist for medical assessment of eligibility for NDA for disabilities other than profound deafness

- (I) Applicants whose physical/mental impairments or medical conditions have fallen into one of the following categories (which have been defined as 100% loss of earning capacity in the First Schedule of Employees' Compensation Ordinance (Cap. 282) are considered automatically eligible for NDA on medical grounds even though they have taken up employment :
- (i) loss of functions of two limbs
 - (ii) loss of functions of both hands or all fingers and both thumbs
 - (iii) loss of functions of both feet
 - (iv) total loss of sight
 - (v) total paralysis (quadriplegia)
 - (vi) paraplegia
 - (vii) illness, injury or deformity resulting in being bed-ridden
 - (viii) any other conditions including visceral diseases resulting in total disablement (reference should be made to part (II) of the Checklist)

If the applicant's disabling condition does not fall into any of the above categories, please proceed to (II) below.

- (II) Where an applicant's physical/mental impairments or other medical conditions have not fallen into any of the categories in (I) above, a medical assessment should be carried out to determine if the applicant is 'severely disabled' within the meaning of the scheme.

An applicant is considered in a position broadly equivalent to 100% loss of earning capacity and thus eligible for NDA if his/her physical or mental impairment or other medical conditions including visceral diseases have resulted in a significant restriction or lack of ability or volition to perform the following activities in daily living to the extent that substantial help from others is required in any one of the following areas :

- (1) working in the original occupation and performing any other kind of work for which he/she is suited;
- (2) coping with self-care and personal hygiene including feeding, dressing, grooming, toileting and bathing;
- (3) maintaining one's posture and dynamic balance while standing or sitting, for daily activities, managing indoor transfer (bed/chair, floor/chair, toilet transfer), travelling to clinic, school, place and work; and
- (4) expressing oneself, communicating and interacting with others including speaking, writing, utilizing social (community) resources, seeking help from others, and participating in recreational and social activities.

**SUPPLEMENTARY MEDICAL ASSESSMENT FORM
ON NEED FOR CONSTANT ATTENDANCE (SSA SCHEME)**

Please ignore this Form **UNLESS** the patient, **IN ADDITION TO** being totally disabled broadly equivalent to a person with a 100% loss of earning capacity, **ALSO REQUIRES** from another person:

- (i) **FREQUENT ATTENTION** throughout the **DAY AND PROLONGED** or **REPEATED ATTENTION** during the **NIGHT** in connection with his/her bodily functions, e.g. totally bedridden, quadriplegia;

OR

- (ii) **CONTINUAL SUPERVISION** in order to avoid endangering himself/herself or others, e.g. severely demented/mentally retarded.

AND

- (iii) For a patient aged under 15, he/she **MUST ALSO REQUIRE CONSTANT ATTENTION** and **SUPERVISION** substantially **IN EXCESS** of that normally required by a child of the same age and sex. Suggested aspects for consideration include life-threatening conditions, hyperactivity uncontrollable by medication and/or therapy, etc.

To make a child eligible, please tick either (i) + (iii) **OR** (ii) + (iii)

Recommendation

#*Mr / Ms _____ qualifies for Higher Disability Allowance for the period specified in (III) of the Medical Assessment Form due to conditions as checked above.

N.B.: Patient certified to be in need of constant attendance will be eligible for a higher rate of Disability Allowance which is **twice** that of the normal rate under the SSA Scheme.

(Space for official chop)

Signature of Medical Officer: _____

Name in block letters: _____

_____ **Hospital/Clinic*

Date: _____

* Delete whichever is inapplicable.

To be completed by SSFU or MSSU.

Existing Services and Support for Persons with Disabilities

It has all along been the policy objective of the Government to help persons with disabilities develop their capabilities as well as to build a barrier-free living environment with a view to enabling persons with disabilities to fully participate in both social life and personal growth, and enjoy equal opportunities. To address the distinctive needs of persons with different type and level of disabilities, the Government implements multi-pronged initiatives to meet their needs. Apart from the Disability Allowance (DA) and the Comprehensive Social Security Assistance (CSSA) Scheme under the social security system, the Government has implemented a series of diversified rehabilitation services and related initiatives for persons with disabilities to facilitate the development of their capabilities and their full integration into the community.

Pre-school rehabilitation services (for aged 0 to 6)

2. The policy objective of the Government is to provide children, from birth to six years old, with disabilities or at risk of becoming disabled with early intervention to enhance their physical, psychological and social developments, thereby improving their opportunities for participating in ordinary schools and daily life activities, and helping their families meet their special needs.

3. The Government provides a wide range of pre-school services for children with special needs. These include –

- (a) Early Education and Training Centre (EETC) which seeks to maximise the developmental functioning of children with disabilities aged under six by enabling their parents, through support and assistance, to accept, understand, care for and train their children with disabilities;
- (b) Special Child Care Centre (SCCC) which provides services for children with moderate and severe disabilities aged between two and six. The objective of these services is to develop these children's fundamental developmental skills and intellectual ability, as well as the perceptual-motor, cognitive, communication, social and self-care skills to facilitate

their smooth transition from pre-school education to primary education. Residential facilities are also available in some SCCCs to cater for the needs of children with disabilities who are homeless, abandoned or dwelling in abject living conditions or family environment; and

- (c) Integrated Programme in Kindergarten-cum-Child Care Centre (IP in KG-cum-CCC) which provides training and care to children aged between two and six with mild disabilities with a view to facilitating their full integration into normal pre-school setting as far as possible so that they will stand a better chance of future integration into the mainstream education.

4. The Government has been continuously increasing the provision of pre-school rehabilitation places, namely the EETC, SCCC and IP in KG-cum-CCC places. In the past six years, the Government allocated funding to provide about 1 500 additional pre-school rehabilitation places, representing an increase of nearly 30%. As at end-December 2015, there were a total of 6 825 pre-school rehabilitation places. In addition, the Government has reserved sites for providing nearly 1 500 additional pre-school rehabilitation places within this term. Additional places will also be provided through redevelopment or expansion on the sites owned by the non-governmental organisations (NGOs), particularly those under the Special Scheme on Privately Owned Sites for Welfare Uses (Special Scheme)¹. Based on the rough estimation of the applicant organisations, if all the proposals received under the Special Scheme could be implemented smoothly, an additional 3 800 service places would be provided.

5. The Government has spared no efforts in enhancing support for children on the waiting list for pre-school rehabilitation services. Launched in December 2011, the Community Care Fund (CCF) provided a training subsidy to children in need of rehabilitation services from low-income families, so as to enable them to receive timely pre-school rehabilitation services provided by NGOs to facilitate their development while waiting for subvented services. Considering the effectiveness of

¹ The Special Scheme, through more flexible use of the Lotteries Fund and provision of targeted assistance during the planning or development process, encourages social welfare organisations to make better use of their land and to provide diversified subvented and self-financing facilities, in particular elderly and rehabilitation service facilities, through in-situ expansion or development.

the programme, the Government regularised the programme in October 2014, and increased the level of subsidy. There are two levels of subsidy for beneficiaries according to the service for which they are waitlisting –

- (a) a maximum subsidy of \$3,867 per month is provided to each eligible child who is waitlisted for SCCC or Residential SCCC. As at end-December 2015, there were 561 children receiving subsidy at such a level; and
- (b) a maximum subsidy of \$2,763 per month is provided to each eligible child who is waitlisted for EETC or IP in KG-cum-CCC. As at end- December 2015, there were 1 684 children receiving subsidy at such a level.

6. The Government launched a pilot scheme through the Lotteries Fund to invite NGOs operating subvented pre-school rehabilitation services to provide on-site services so as to benefit children with special needs who are studying in kindergartens or kindergarten-cum-child care centres as early as possible. The pilot scheme explores new service model. Apart from providing on-site rehabilitation services to children with special needs who are studying in ordinary kindergartens or kindergarten-cum-child care centres and waitlisting for subvented pre-school rehabilitation services, it also provides professional advice for teachers/child care workers in the participating kindergartens or kindergarten-cum-child care centres; and renders support to the parents to enhance their acceptance and understanding of their children with special needs, so as to foster the overall development of those children. The initiatives under the pilot scheme have been implemented progressively from November 2015 to January 2016, providing a total of 2 925 places.

School education (for school-age children at secondary and primary levels)

7. The Government is adopting a dual-track mode in implementing special education. The Education Bureau (EDB) will, subject to the assessment and recommendation of specialists and with parents' consent, refer students with more severe or multiple disabilities to special schools for intensive support services. Other students with special educational needs may attend ordinary schools. EDB has been providing ordinary secondary and primary schools with additional resources, professional

support and teacher training to help them cater for the students with special educational needs.

Community support services and residential care services (for all ages)

8. The details on the provision of residential care services as well as day care and community support services for persons with disabilities by the Government are as follows –

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

Carer allowance (the pilot scheme is applicable to carers of elderly persons aged 65 or above)

9. In June 2014, the Government has introduced a two-year pilot scheme on Living Allowance for Carers of the Elderly Persons from Low-income Families under the CCF to provide a living allowance for carers from low-income families who take care of elderly persons with moderate or severe level of impairment. Each carer will be granted an allowance of \$2,000 per month to help supplement his/her living expenses so that elderly persons in need of long-term care services can, with the help of their carers, receive proper care and stay in their community. The pilot scheme is applicable to carers of eligible elderly persons with disabilities. The pilot scheme would benefit about 2 000 carers. The Government has commissioned the Sau Po Centre on Ageing of The University of Hong Kong to conduct an evaluation during the pilot period to assess the effectiveness and implications of the pilot scheme.

Employment support services (for aged 15 or above)

10. The Government fully recognises that most persons with disabilities will be able to undertake some kinds of productive work. Some of them, depending on the severity and nature of disabilities, may not be suitable to enter into the open market, while others may need assistance to prepare them for entry into the open market and for sustaining their employment. The Government not only provides assistance to persons with disabilities, but also to their employers. The services are summarised as follows –

- (a) For persons with disabilities who are not ready to take up open employment yet, the Social Welfare Department (SWD) provides various vocational rehabilitation services, such as Sheltered Workshop, Supported Employment, Integrated Vocational Rehabilitation Services Centres and Integrated Vocational Training Centres. With appropriate vocational training in a specially designed training environment, persons with disabilities can learn to adapt to work requirements, develop social skills and relationships, and prepare for potential advancement to supported and open employment;
- (b) Through SWD's On the Job Training Programme for People with Disabilities and Sunnyway – On the Job Training Programme for Young People with Disabilities, on the job training is provided to persons with disabilities. During the job attachment period of both schemes, which is not more than three months, the participants who can fulfill the required attendance will be granted a job attachment allowance of \$2,000 per month. After completing the job attachment, each of the participants will be assisted to find suitable job or job trial in the open market. The employers can try out work abilities of the participants through job trial. During the job trial period, the employers will receive a wage subsidy equal to 50% of the actual wage paid to the participants with a ceiling of \$4,000 a month, whichever is the lower, for a maximum period of six months;

(c) For job seekers with disabilities who are fit for open employment, the Selective Placement Division of the Labour Department (LD) provides them with free and personalised employment services. It also provides free recruitment service for employers who wish to employ persons with disabilities. The placement officers offer persons with disabilities employment counselling to help them explore their career aspirations and to provide them with the latest information on the labour market. The placement officers also proactively conduct job matching for the job seekers and refer suitable job seekers to employers for job interviews. Upon placing a job seeker into employment, the placement officer will provide a minimum of six-month follow-up service. During this period, the placement officer will keep in view the work progress of the employee with disabilities and render appropriate assistance through maintaining close contact with him/her and his/her employer;

(d) Under the Work Orientation and Placement Scheme² launched by LD, eligible employers will be granted an allowance for each employee with disabilities they employ if they provide appropriate training/support and appoint a mentor for such an employee, and meet the other prescribed requirements. An employer who employs a person with disabilities with employment difficulties is entitled to an allowance equivalent to the amount of actual salary paid to the employee with disabilities minus \$500 per month during the first two months of employment, subject to a monthly ceiling of \$5,500. After the first two months, the employer is entitled to an allowance equivalent to two-thirds of the actual monthly salary paid to the

² Employers participating in the Work Orientation and Placement Scheme must fulfill the requirements of the Scheme, for instance, the employee with disabilities must be referred by the Selective Placement Division of LD and the job opening concerned must also fulfill the specified requirements (including the length of employment contract should be three months or above, the weekly working hours should be 15 hours or above and the average wage rate should be no less than the statutory minimum wage rate). If the employer has received or will receive other Government funding for payment of salary to the employee with disabilities during the employment period concerned, the employer should not apply for allowance in respect of the same employee with disabilities under the Work Orientation and Placement Scheme.

employee concerned, subject to a ceiling of \$4,000 per month, and for a maximum payment period up to six months;

- (e) SWD's "Enhancing Employment of People with Disabilities through Small Enterprise" Project aims at creating more work opportunities to persons with disabilities directly. Through the payment of grants as seed money to NGOs, the Project supports the creation of small enterprises/businesses. Each funded business, with at least 50% of the employees being persons with disabilities, will be offered a grant not exceeding \$2 million to meet the set-up capital cost and the operating loss incurred in the first three years of operation of the business. The business is expected to become self-sustaining after the funding period;
- (f) Under the "Support Programme for Employees with Disabilities" implemented by SWD in June 2013, a maximum subsidy of \$20,000 for each employee with disabilities is provided to employers for procuring assistive devices and carrying out workplace modification works. SWD enhanced the scheme in April 2014, including raising the maximum support level of \$40,000 for procurement of a single assistive device and its essential accessories;
- (g) In September 2013, the Labour and Welfare Bureau, in collaboration with the Rehabilitation Advisory Committee (RAC), the Hong Kong Joint Council for People with Disabilities and The Hong Kong Council of Social Service, launched the Talent-Wise Employment Charter and Inclusive Organisations Recognition Scheme (the Charter Scheme) to mobilise the Government, commercial sector, public and subvented bodies to make collective efforts to promote the employment of persons with disabilities through a host of sustainable measures³ commensurate

³ Participating organisations of the Charter Scheme may implement measures including: employing persons with disabilities and formulating corporate policies and measures on employment of persons with disabilities; publishing periodically in corporate publications/publicity materials on the number of employees with disabilities and on measures or indicators pertaining to the employment of persons with disabilities; providing a barrier-free working environment and assistive devices for employees with disabilities; participating in various on-the-job

with their modes of operation. As at end-September 2015, more than 470 organisations, including all Government bureaux and departments and around 100 small and medium enterprises, had joined the Charter Scheme;

- (h) Eligible working persons, with or without disabilities, may benefit from the Work Incentive Transport Subsidy (WITS) Scheme⁴ implemented by LD, and some eligible persons may benefit from the Government Public Transport Fare Concession Scheme for the Elderly and Eligible Persons with Disabilities (Concession Scheme); and
- (i) SWD will launch a pilot scheme on peer supporters for ex-mentally ill patient in the first quarter of 2016 where trained ex-mentally ill persons serve as peer supporters to provide encouragement for others in rehabilitation through sharing their recovery experience. The pilot scheme seeks to, amongst others, speed up the recovery of peer supporters, help them gain confidence and join/rejoin the open market. The operators would provide employment counselling and support for peer supporters to assist them in taking up jobs in the open market.

Accessible environment (for all ages)

11. The Government has continued to adopt the policy objective to provide barrier-free access and facilities for people in need (including

training and support programmes for persons with disabilities; using products or services provided by rehabilitation social enterprises and suppliers employing persons with disabilities; building an inclusive workplace through assisting persons with disabilities in mastering job skills and adapting into the work environment; and setting aside shops or stalls for social enterprises or self-employed persons with disabilities to operate their businesses, etc.

⁴ The WITS was introduced in October 2011 to help low-income earners reduce their cost of travelling to and from work and encourages them to secure or stay in employment. Employed persons who meet the income and asset requirements as well as other eligibility criteria, regardless of disability, may apply for the full-rate subsidy of \$600 per month (if working no less than 72 hours per month) or half-rate subsidy of \$300 per month (if working no less than 36 hours but less than 72 hours per month). As at end-September 2015, there were 96 013 WITS beneficiaries. Among them, 3 416 (3.6%) were aged 65 or above. The Government does not maintain information on persons with disabilities benefiting from WITS.

persons with disabilities) with a view to enabling them to freely access premises and make use of community facilities and services on an equal basis with others, thereby facilitating them to live independently, fully participate in various social activities and integrate into the community. In the light of the changing social environment and public expectations, as well as the advancement in building technology, the Government amended Section 72 of the Building (Planning) Regulations under the Buildings Ordinance and promulgated the new “Design Manual: Barrier Free Access 2008” (Design Manual 2008) on 1 December 2008 to further enhance relevant design requirements. All new private buildings and redevelopment of existing buildings are required to comply with the latest barrier-free design standards. The Buildings Department (BD) has established a dedicated committee to collect and listen to the views and suggestions of the building sector and organisations for persons with disabilities in respect of the practical experience in the use of the Design Manual 2008, advancements in building designs, technologies and construction methods, and the latest relevant regulatory controls and standards in other places. BD will issue practice notes on the recommendations supported by the committee so that the industry and relevant stakeholders would be aware of the Government’s latest views in respect of the barrier-free design standards on proper access to and appropriate facilities in a building.

Accessible transport (for all ages)

12. The Government has been taking forward the concept of “barrier-free transport” through working with public transport operators to enhance public transport facilities where feasible. At present, there is at least one barrier-free access in every MTR station to facilitate the mobility impaired to enter and exit. These accesses are equipped with passenger lifts, wheelchair aids, stair lifts or ramps. For franchised buses, over 80% of the bus fleet comprises low-floor buses. The bus companies will continue to purchase wheelchair accessible model in the procurement of new vehicles. According to the latest progress on bus replacement, it is anticipated that the franchised bus companies would be able to replace all buses in Hong Kong by low-floor ones under operationally feasible circumstances (low-floor buses are not suitable for some of the roads in Lantau Island which are steep and with sharp bends) by 2017.

13. To help build a caring and inclusive society, the Government launched the Concession Scheme in phases since June 2012 to enable elderly persons aged 65 or above (irrespective of whether they are

persons with disabilities) and recipients under the CSSA Scheme aged below 65 who are severely disabled or in need of constant attendance, and recipients of the DA in the same age group to travel on the general MTR lines, franchised buses, ferries and most green minibus routes at any time at a concessionary fare of \$2 per trip. In 2015-16, the Government's reimbursement of revenue forgone to the operators of MTR, franchised buses, ferries and minibuses concerned under the scheme is estimated to be around \$900 million. Since the implementation of the Concession Scheme and until end-October 2015, the number of average daily passenger trips of MTR, franchised buses, ferries and green minibuses participated in the Concession Scheme was around 931 000, with around 816 000 trips (88%) made by the elderly (regardless of disability) and the remaining 115 000 trips (12%) made by eligible persons with disabilities.

14. Through providing subvention to the Hong Kong Society for Rehabilitation, the Government offers Rehabus service to provide point-to-point special transport services for those persons with disabilities who have difficulties in using general public transport. Since 2007-08 and until 2014-15, the number of rehabuses has increased by 46, thereby increasing the fleet to 141, representing an increase of 48%. In 2015-16, the Government would allocate funding for the procurement of six new vehicles, thereby further increasing the fleet to 147. In addition, the taxi industry has introduced the wheelchair-accessible taxis in recent years to provide 24-hour point-to-point barrier-free taxi service through prior reservation. As at end-September 2015, there were 56 barrier-free taxis in Hong Kong.

Public education

15. In collaboration with the RAC, the Government 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 television and radio programmes, docudrama, publicity programmes targeting youths and students, roving exhibitions, etc. The Government 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.



Report of the Consultancy Study on the Practice outside Hong Kong on Financial Assistance for Persons with Disabilities

(1) Introduction

In July 2013, the Sau Po Centre on Ageing (COA) of The University of Hong Kong (HKU) was commissioned by the Labour and Welfare Bureau (LWB) of the HKSAR Government to conduct a study on the practice outside Hong Kong on financial assistance for persons with disabilities. The objectives of the study are –

1. To stock-take the existing eligibility criteria for Disability Allowance (DA) and the relevant mechanism for handling DA applications in Hong Kong, including the medical assessment methodology.
2. To research into the experiences and practices outside Hong Kong in granting financial assistance for persons with disabilities, including the form of financial assistance, the eligibility criteria, the application procedures, the assessment and review/appeal mechanism and the non-cash benefit (e.g. transport fare concession) associated with the financial assistance, etc.
3. To consider the pros and cons of the various models used by places outside Hong Kong, having regard to their unique background.
4. To summarize the controversy faced in adopting/developing a new set of assessment criteria with reference to recent experiences and practice outside Hong Kong.

(2) Research Activities

2.1 The COA proposed reviewing the experiences and practices in granting financial assistance for persons with disabilities in four non-local places, namely Australia, the United Kingdom (UK), the United States (US) and Taiwan for the following reasons –

- The Australian government provides means-tested cash allowance to people with disabilities through its Disability Support Pension program. The assessment system focuses on whether the disability affects the work capacity of the applicants.
- The UK is selected because it has just completed a comprehensive review on its system, and its current assessment system focuses on whether the disability affect the mobility and daily living of the applicants.
- Similar to the Australian system, the US system focuses on whether the disability affects the work capacity of the applicants. The US system mainly comprises of a social insurance program for those who have earned enough work credits and a means-tested program funded by government general revenue.
- Taiwan is selected because it recently adopted the International Classification of Functioning, Disability and Health (ICF) established by the World Health Organization (WHO) as its classification system for physical or mental disabilities. In essence, the ICF focuses more on the impact of the disability on the activities and social life of the persons with disabilities, rather than on the disability itself.

2.2 For each non-local place studied, we partnered with a local disability policy researcher. These researchers have provided an overview of policy framework for providing financial assistance to persons with disabilities in their respective places, as well as the form of financial assistance, the eligibility criteria, the application procedure, and the assessment and review/appeal mechanism, etc. The profile of our research team members is as follows –

HKU Research Team

- Professor Terry LUM is the Henry G Leong Professor in Social Work and Social Administration, Head of the Department of Social Work and Social Administration and Associate Director of the COA at The University of Hong Kong. He is an expert in ageing and disabilities policies in the US and in Hong Kong. Professor Lum is responsible for the overall coordination of the project.
- Dr Rainbow HO is an Associate Professor at the Department of Social Work and Social Administration and the Director of the Centre on Behavioral Health at The University of Hong Kong. She is an expert in chronic diseases, mental illnesses and disabilities.
- Dr Lucy JORDAN is an Assistant Professor at the Department of Social Work and Social Administration at The University of Hong Kong. She is an expert in comparative analysis of social welfare policy and services.
- Professor Samson TSE is a Professor and Director of the Master of Social Sciences in Counseling Program at the Department of Social Work and Social Administration at The University of Hong Kong. Professor Tse is both an occupational therapist and a psychologist by training. He is an expert in mental health and psychiatric disability.

Partners in Non-local Places

- **Australia:** Dr Donna MCDONALD is a Senior Lecturer and Convenor of the Disability Studies Program in the School of Human Services and Social Work at Griffith University in Australia. Her research areas include disability policy, disability history in Australia, representations of disability in literature and memoir, and cultural responses to disability.
- **UK:** Dr Chris GROVER is a Senior Lecturer in Social Policy at Lancaster University in the UK. He has researched and published widely on issues related to social security policy.
- **US:** Professor Elizabeth LIGHTFOOT is a Professor at the School of Social Work at the University of Minnesota in the US. Her main research interests are in the area of disability policy and services, and the intersection of disability with child welfare, ageing, violence prevention and health.
- **Taiwan:** Dr CHANG Hong-jar is an Associate Professor at the Graduate Institute of Long-Term Care at National Taipei College of Nursing and Health Sciences in Taiwan. He is an expert in long term care and disability policy in Taiwan and has served as a consultant in numerous agencies on the elderly and disabilities in Taiwan, including the City Government of Taipei.

2.3 Under the guidance of the research team members, research assistants at the COA completed a comprehensive desktop research using publicly available resources. Information from this desktop research was used to develop a template for data collection. The template was sent to the four non-local (i.e. Australia, UK, US and Taiwan) partners to prepare the non-local place reports. Our research team members also visited these non-local places between November 2013 and January 2014 to conduct interviews with stakeholders in these places. Subsequently, the non-local partners sent us their reports in early 2014. Our research assistants looked into the consistency between the reports prepared by the non-local partners and findings from our desktop research. We clarified with the non-local partners on discrepancies identified from these two sources and thereafter updated these non-local place reports based on the feedback from our non-local partners.

2.4 Having considered the suggestions of stakeholders (including Members of the Legislative Council), the team also conducted a desktop research on the financial assistance to persons with disabilities in Macao and Spain. Since we have not engaged local partner in these two places to help us interpret the findings, we could not provide detailed information on these places in this report. Unless otherwise specified, the findings set out below focus on Hong Kong and the four main non-local places (i.e. Australia, UK, US and Taiwan).

Table 1 shows the persons-in-charge of specific non-local place reports, non-local partners and the dates of the visits.

Table 1. Details of the person-in-charge, non-local partners and dates of the site visits

Person-in-Charge	Place	Time of visit	Non-local partner
Professor Terry Lum	US	November 2013	Professor Elizabeth Lightfoot University of Minnesota
Professor Samson Tse	Australia	December 2013	Dr Donna McDonald Griffith University
Dr Lucy Jordan	UK	December 2013	Dr Chris Grover Lancaster University in the UK
Dr Rainbow Ho	Taiwan	January 2014	Dr Chang Hong-je National Taipei College of Nursing and Health Sciences

2.5 The team also conducted in-depth interviews with three physicians and two social workers who were involved in the processing of DA applications; and two focus groups with

the stakeholders. The dates of the focus groups and participating organizations are listed in Table 2.

Table 2. Details of the focus groups

Date	21 March 2014 & 9 April 2014
No. of participant	12
Organizations represented	1 st Step Association Heep Hong Society Hong Kong Blind Union Hong Kong Physically Handicapped and Able-bodied Association Research fellows of Sau Po Centre on Ageing The Hong Kong Society for Rehabilitation The Spastics Association of Hong Kong Tung Wah Group of Hospitals Jockey Club Rehabilitation Complex

The stakeholders who participated in the above-mentioned in-depth interviews and focus groups provided detailed comments on DA, including the objective of the allowance, assessment mechanism, arrangements for re-assessment, etc.

(3) Major Financial Assistance Programs in Hong Kong and Non-local Places

3.1 As there are a number of different programs for persons with disabilities in Hong Kong and the four non-local places, only the major financial assistance programs and their associated non-cash benefits¹ are covered in this report –

Hong Kong	DA under the Social Security Allowance (SSA) Scheme ² Comprehensive Social Security Assistance (CSSA) Scheme
Australia	Disability Support Pension (DSP) Sickness Allowance (SA) Carer Payment (CP)
UK	Disability Living Allowance (DLA) Personal Independence Payment (PIP) Attendance Allowance (AA)
US	Social Security Disability Insurance (SSDI) Supplemental Security Income (SSI)
Taiwan	Disability Pension (國民年金身心障礙年金給付, DP) Life Subsidy for People with Disabilities (身心障礙者生活補助費, LS)

3.2 The majority of the above programs are either means-tested (e.g. the CSSA Scheme of Hong Kong, the programs of Australia, the SSI of the US, the LS of Taiwan) or social insurance programs, i.e. requiring prior contribution to the system (e.g. the SSDI of the US and the DP of Taiwan) to provide cash to meet basic needs for food, clothing and shelter. The only exceptions are the DA of Hong Kong and the programs of the UK, which are non-means-tested and non-contributory programs to provide cash for meeting special needs arising from disabilities –

(a) Hong Kong: The HKSAR Government provides non-means-tested DA to persons with severe disabilities. It also provides means-tested CSSA to persons with financial needs, and low income persons with disabilities are eligible for a

¹ Given this study focuses on cash assistance programs and their associated non-cash benefits for the persons with disabilities, programs such as long-term care services and rehabilitation services are not mentioned in the report.

² The SSA Scheme administered by the Social Welfare Department (SWD) comprises DA, Old Age Allowance (OAA), Old Age Living Allowance (OALA) and Guangdong (GD) Scheme. DA and OAA provide a flat-rate allowance to Hong Kong residents who are severely disabled or who are 70 years of age or above respectively to meet their special needs arising from disability or old age. OALA aims to provide a monthly special allowance to supplement the living expenses of Hong Kong residents aged 65 or above who are in need of financial support. The GD Scheme is to provide Old Age Allowance for eligible Hong Kong elderly persons aged 65 or above who choose to reside in GD without requiring them to return to Hong Kong each year. Except for OALA and GD Scheme (applicable to applicants aged 65 to 69), the allowances paid under the SSA Scheme are non-means-tested.

higher standard rate and a series of supplements and special grants under the CSSA Scheme. Both programs are under the social security system and administered by the SWD. They are funded by general revenue of the HKSAR Government. To avoid double benefit, persons with disabilities who are eligible for both DA and CSSA can only receive benefit from one program.

DA³

The HKSAR Government set up the DA in 1973 to assist severely disabled Hong Kong residents in meeting special needs arising from severe disability. The DA is a non-means-tested program and is individually based. DA recipients must be severely disabled and as a result need substantial help from others to cope with daily life. Any Hong Kong permanent resident who is severely disabled with a disabling condition that is expected to persist for at least six months and satisfies the residence requirements under SSA Scheme is eligible for the Normal Disability Allowance (NDA) (monthly rate in 2015 is HK\$1,580⁴).

As regards what is meant by “severely disabled and as a result need substantial help from others to cope with daily life”, for physical disabilities, the Government has made reference to the Employees’ Compensation Ordinance (Cap. 282) when devising the DA. Any applicant who is certified by a doctor of the Department of Health or the Hospital Authority as being in a position broadly equivalent to 100% loss of earning capacity under the categories of injuries as listed in the First Schedule to the Ordinance will be deemed to be severely disabled and as a result needs substantial help from others to cope with daily life.

That is to say, an applicant will be deemed as severely disabled and in need of substantial help from others to cope with daily life if his/her condition is broadly equivalent to one of the nine categories of injuries which are considered as 100% loss of earning capacity as listed in the First Schedule to the Ordinance. The nine categories of injuries currently adopted by the medical assessment of the DA are as follows –

³ As at end-December 2014, there were 108 257 and 19 637 recipients of Normal Disability Allowance and Higher Disability Allowance respectively. In the 2014-15 financial year, the expenditure on DA was about HK\$3 billion.

⁴ A monthly transport supplement (monthly rate in 2015 is HK\$255) is payable to recipients of Normal Disability Allowance and Higher Disability Allowance in the age group of 12 to 64 to encourage them to participate more in activities away from home, thereby enhancing their integration into society.

- (i) loss of functions of two limbs⁵;
- (ii) loss of functions of both hands or all fingers and both thumbs⁶;
- (iii) loss of functions of both feet⁷;
- (iv) total loss of sight;
- (v) total loss of hearing⁸;
- (vi) total paralysis (quadriplegia);
- (vii) paraplegia ;
- (viii) illness, injury or deformity resulting in being bedridden⁹; and
- (ix) any other conditions including visceral diseases resulting in total disablement¹⁰.

It should be noted that while the Government has made reference to the Employees' Compensation Ordinance when devising the DA and that the Ordinance links disablement to earning capacity, it is a misconception that DA is intended to replace income loss due to disability. The eligibility for DA does not depend on an applicant's employment status.

For item (ix) and disabilities other than the aforementioned physical impairments, an applicant will be regarded as severely disabled and in need of substantial help from others to cope with daily life if the disabling condition produces a significant restriction or lack of ability or volition to perform at least one or more of the following activities in daily living to the extent that substantial help from others is required as set out in the Medical Assessment Form of DA –

- (1) working in the original occupation and performing any other kind of work for which he/she is suited; or

⁵ The relevant injury as listed in the First Schedule to the Employees' Compensation Ordinance is "Loss of 2 limbs".

⁶ The relevant injury as listed in the First Schedule to the Employees' Compensation Ordinance is "Loss of both hands or of all fingers and both thumbs".

⁷ The relevant injury as listed in the First Schedule to the Employees' Compensation Ordinance is "Loss of both feet".

⁸ A profoundly deaf person who is certified to be suffering from a perceptive or mixed deafness with a hearing loss of 85 decibels or more in the better ear for pure tone frequencies of 500, 1 000 and 2 000 cycles per second, or 75 to 85 decibels with other physical handicaps which include lack of speech and distortion of hearing can also be eligible for NDA.

⁹ The relevant injury as listed in the First Schedule to the Employees' Compensation Ordinance is "Injuries resulting in being permanently bedridden".

¹⁰ The relevant injury as listed in the First Schedule to the Employees' Compensation Ordinance is "Any other injury causing permanent total disablement".

- (2) coping with self-care and personal hygiene including feeding, dressing, grooming, toileting and bathing; or
- (3) maintaining one's posture and dynamic balance while standing or sitting for daily activities, managing indoor transfer (bed/chair, floor/chair, toilet transfer), travelling to clinic, school, place and work; or
- (4) expressing oneself, communicating and interacting with others including speaking, writing, utilizing social (community) resources, seeking help from others, and participating in recreational and social activities.

To be eligible for Higher Disability Allowance (HDA) (monthly rate doubles that of NDA and is HK\$3,160 in 2015), in addition to meeting the above eligibility criteria for NDA, the applicant must be in need of constant attendance from others in his/her daily life and is not receiving care in a residential institution subsidized by the Government or public hospital and institution under the Hospital Authority or boarding in special school under the Education Bureau.

CSSA¹¹

The CSSA Scheme provides a safety net to low income households which cannot support themselves financially. It is a means-tested program. It provides a higher standard rate as well as a range of supplements and special grants for eligible persons with disabilities. The arrangements of disability assessment are similar to those for NDA and HDA. CSSA applicants living with their families are required to apply on a household basis.¹² A transport supplement (monthly rate of HK\$255 in 2015) is provided to DA recipients and CSSA recipients who are medically certified to be 100% disabled or in need of constant attendance in the age group of 12 to 64.

Public Transport Fare Concession Scheme for the Elderly and Eligible Persons with Disabilities (\$2 Scheme)

¹¹ As at end-December 2014, there were 381 307 beneficiaries under the CSSA Scheme. Amongst them, about 234 630 or 62% were persons with disabilities or able-bodied elderly recipients. CSSA includes 50% disability but it is practically difficult for doctors to make assessment on what constitutes 50% disability. In the 2014-15 financial year, the expenditure on CSSA was about HK\$20 billion.

¹² CSSA applicants living with their families are required to apply on a household basis since families constitute the core units of the community. Members of the same family should render assistance and support to each other. The income-earners should take up the responsibility of supporting their family members who have no financial means. Nevertheless, under special circumstances, for example, when applicants with disabilities have poor relationship with their family members or there are special reasons that their family members cannot provide support to them, SWD will consider such circumstances on a case-by-case basis and may allow a person with disabilities in need to apply for CSSA on his/her own.

DA recipients and CSSA recipients with 100% disability or in need of requiring constant attendance are eligible for the \$2 Scheme. Under the Scheme, beneficiaries can travel on most Mass Transit Railway (MTR), franchised bus, ferry services and green minibus any time at a concessionary fare of HK\$2 per trip. The Government will provide additional resources, on an accountable and reimbursement basis, to cover the difference between the fare (a higher fare) charged by the public transport operators concerned and the HK\$2 paid by each eligible beneficiary. Since it is not a cash allowance program, its details would not be discussed in depth in this report.

- (b) Australia:** The Australian government introduced a major disability reform in 2006 and changed the assessment of impairment from a medical model to how the impairment affects an individual's ability to function in a work-related environment. It provides three financial allowance programs, namely the DSP, SA, and CP. Both DSP and SA are applicable to working-age adults and CP is available for caregivers aged 16 years or above. All of them are income replacement programs (i.e. replacement of lost (employment) income due to disabilities or injuries) and means-tested. The DSP is designed for people with long-term disabilities while the SA is for people with temporary disabilities. A condition is generally considered to be temporary if it is likely to last for less than two years. The CP is a carer allowance program for caregivers of persons with disabilities. These programs are funded by the general revenue of the Australian government.
- (c) UK:** The UK government provides different financial allowance programs for persons with disabilities in different age groups. The objectives of these programs are to help with meeting special needs of overcoming the barriers faced by disabled people in order to lead full and active lives, and they are non-means-tested. The DLA program provides financial assistance to families with disabled children aged under 16. The PIP program provides financial assistance to working-age adults (i.e. aged 16 to 64) with disabilities. The AA program provides financial assistance to older people (i.e. aged 65 or above) with disabilities. All these three programs are funded by the general revenue of the UK government.
- (d) US:** The US government provides two programs, the SSDI and SSI, to residents with disabilities. Both programs are income replacement programs. The SSDI is a social insurance program that provides financial assistance to working-age

adults with disabilities with enough work credits¹³. The SSI is a welfare program that provides financial assistance to poor persons with disabilities of all ages. The SSI is a means-tested program and funded by government general revenue.

- (e) **Taiwan:** Similar to the US, the Taiwan government provides two financial assistance programs to persons with disabilities. Both of them are income replacement programs. The DP is a social insurance program which provides non-means-tested monthly payment to meet basic needs of persons with disabilities enrolled in the National Pension Program. The LS is a means-tested welfare program which provides monthly living allowance to meet basic needs of persons with disabilities in low- and lower-middle income households and is funded by government general revenue.

¹³ Under the SSDI, in addition to meeting the definition of disability, an applicant must have earned enough Social Security work credits to qualify for the benefits. Work credits are based on a citizen's total yearly wages or self-employment income. A citizen can earn up to four credits each year. The amount needed for a credit changes from year to year. In 2015, for example, a citizen can earn one credit for each US\$1,220 of wages or self-employment income. The number of work credits needed for the citizen to qualify for disability benefits depends on the age he/she becomes disabled.

(4) Summary of Major Findings

4.1 Having carefully reviewed the financial assistance programs for persons with disabilities in Hong Kong and the four non-local places, we would like to highlight some major observations as set out below which may facilitate further deliberation on the way forward.

(a) Means-testing/Contributory requirements

The majority of the financial assistance programs for persons with disabilities in the study are either means-tested or social insurance programs, i.e. requiring prior contribution to the system. The only exceptions are the DA of Hong Kong and the programs of the UK, which are non-means-tested and non-contributory programs.

(b) Nature of assessment

Noting the observations under (a) above, Hong Kong adopts mainly medical assessment for DA applicants. Nevertheless, functional-related factors such as the applicant's ability of self-care and personal hygiene, maintaining posture and balance, expressing oneself, communicating and interacting with others, etc. will be considered during the assessment process if his/her disablement does not fall into one of the aforementioned nine categories of injuries. The present Medical Assessment Form also includes the criterion of "working in the original occupation and performing any kind of work for which he/she is suited". In October 2009, the Ombudsman published his Direct Investigation Report "Granting of Disability Allowance and Processing of Appeals by Social Welfare Department". The Ombudsman opined that this condition involves social and environmental consideration as well as medical factor, and that doctors have expressed difficulty in assessing this condition. Indeed a person who is assessed as "severely disabled" would be eligible for DA regardless of whether he/she has a paid job. We consider that this work-related criterion should be removed to better reflect the policy intent of DA. The US and Taiwan also mainly adopt medical assessment, but the US supplements it with an employment capacity assessment while Taiwan supplements it with functional and social needs assessment. Australia mainly adopts functional/care needs assessment and employment capacity assessment. The UK mainly adopts functional/care needs assessment.

(c) Duration of disability

Noting the observations under (a) above, among the five major places examined in this study, the DA of Hong Kong, the CP of Australia and the AA of UK require the shortest duration of disability for the applicants to be eligible for benefits. The persons' disabling condition only needs to persist for at least six months. The majority of other programs in other places require the disabling condition to persist for one to two year(s).

(d) Handling of "loss of one limb"

Loss of one limb per se is generally not sufficient to be eligible for benefits. Hong Kong, Australia, UK and Taiwan require a person with loss of one limb to further go through other assessments (e.g. functional, work-related functional, care needs and social needs assessment) to ascertain the eligibility. The only clear exception is the US where loss of one leg up to the hip will automatically qualify a person for benefits.

(e) Use of assistive devices

In Hong Kong, there is no standardized practice on taking account of the use of assistive devices in disability assessment, while there are established arrangements in some of the non-local places. In Hong Kong, if the applicant does not use assistive devices during the assessment session, the assessment will be based on his/her disability without devices. On the other hand, if a person uses an assistive device during the assessment session, then the assessment will be based on his/her disability with such device. In Australia, similar to Hong Kong, if the applicant does not use assistive devices, the assessment will be based on his/her needs without these devices. In Taiwan, on the contrary, the assessor will assess the person with the use of suitable assistive devices even if the applicant is not using such devices. In the US, the assessor determines the functional ability of an applicant both with and without using assistive devices. If the assessor believes the applicant is qualified for receipt of an assistive device that he/she does not possess, he/she can be referred to an assistive technology assessment to determine how an assistive device would improve his/her functioning. In the UK, the use of aids should be taken account of to determine entitlement. However, the arrangements are not straightforward. For example, for DLA, even if a child with no feet or legs can walk using prosthetic limbs, they are still entitled to the higher Mobility component.

(f) Provision of carer allowance

There is not a clear trend on granting carer allowance to carers of persons with disabilities. Two of the non-local places (i.e. UK and Australia) provide allowances to caregivers of persons with disabilities. The US government provides carer allowance under the Medicaid system (health insurance for poor people) but not the social security system. Similar to Hong Kong, Taiwan does not provide allowance to caregivers.

(g) Time required for implementation of new model

According to the experiences of some non-local places, it normally takes a few years for full implementation of any new assessment models. For instance, the Taiwan government spent about five years (2007-2012) to prepare for the first phase of implementation and full implementation is expected to be achieved only in 2019, i.e. 12 years in total. Actively engaging with stakeholders is a key to understanding their expectations as well as driving continual improvement to the model.

(h) The application of ICF

The ICF is a classification system but not an assessment system¹⁴. It provides standardized operational definitions of health and health-related domains that describe the essential attributes of each domain and contain information as to what is included and excluded in each domain. Assessment results by using existing assessment instruments can be coded in ICF term. Therefore, the successful application of ICF as a classification system also depends on the appropriate choice of the clinical assessment tools. Despite Macao's claims to have adopted the ICF, the connection between its assessment and ICF is very weak. In Taiwan, the ICF is adopted on a relatively full scale yet it is still too early to evaluate the usefulness of the new ICF-based assessment system.

4.2 Table 3 summarizes the key features of major financial assistance programs for persons with disabilities in Hong Kong and the four non-local places.

¹⁴ World Health Organization (2001) ICF: International Classification of Functioning, Disability and Health (p.21).

Table 3. Key features of financial assistance programs for persons with disabilities in Hong Kong and the four non-local places

Places	Hong Kong		Australia			UK			US		Taiwan	
Programs	DA	CSSA	DSP	SA	CP	DLA	PIP	AA	SSDI	SSI	LS	DP
Objectives	To provide a monthly payment for Hong Kong residents who are severely disabled to meet special needs arising from disability.	To provide a safety net for persons who cannot support themselves financially. It provides a higher standard rate as well as a range of supplements and special grants to eligible persons with disabilities to meet their special needs.	To provide financial support for people who have a physical, intellectual, or psychiatric condition that stops them from working or who are permanently blind.	To provide a short-term payment for people who are employed but temporarily cannot work or study because of a medical condition.	To provide an income support payment for people who personally provide constant care in the home of someone with a severe disability or illness, or who is a frail aged person.	To help with meeting the extra costs of looking after a child who is under 16 and has difficulties walking or needs more care than a child of the same age without disability.	To help with meeting some of the extra costs of overcoming the barriers faced by disabled people aged 15 to 64 in leading full and active lives.	To contribute to the extra cost of living of people with a disability aged 65 and above.	To replace, at least to some degree, the income lost by the individual because of the disability.	To provide cash to meet basic needs for food, clothing, and shelter.	To provide monthly living allowance to meet basic needs of people with disability in low- and lower-middle income households.	To provide monthly payment to meet basic needs of people with disability enrolled in the National Pension Program.
Funding mode¹⁵	General Revenue								Social insurance	General revenue	General revenue	Social insurance

¹⁵ “General revenue”: funding comes from the general income (e.g. taxes and fees) of the government; “Social insurance”: funding comes from contributions of the insurers/employers on behalf of the insureds.

Places	Hong Kong		Australia			UK			US		Taiwan	
Programs	DA	CSSA	DSP	SA	CP	DLA	PIP	AA	SSDI	SSI	LS	DP
Prior contribution	Not required								Required; work credits	Not required	Not required	Required; insurance contribution
Means-Tested	No	Yes; income and asset tested	Yes; income and asset tested	Yes; income and asset tested	Yes; income and asset tested for both the caregiver and care receiver	No	No	No	No	Yes; income and asset tested	Yes; income and asset tested	No
In receipt of benefits from more than one program	No											
	Eligibility criteria											
Age	All ages		>=16 years < retirement age	>=22 years < retirement age	>=16 years	<16 years	16-64 years	>= 65 years	Adults before retirement age	All ages	All ages	25-65 years

Places	Hong Kong		Australia			UK			US		Taiwan	
Programs	DA	CSSA	DSP	SA	CP	DLA	PIP	AA	SSDI	SSI	LS	DP
Employment status (ceiling for singleton)	Can be working		Can be working; no more than 30 hrs/week; income up to a prescribed limit.	Cannot be working	Can be working; no more than 25 hrs/week; income up to a prescribed limit.	Can be working			Can be working; income up to a prescribed limit.		Can be working	Cannot be working
Residence requirement	Yes											
	Disability assessment											
Assessor	Government physician		Contracted Job Capacity Assessor who is a health professional ¹⁶	Registered and licensed physician	Treating health professional	Contractor who is a healthcare professional			Private practice physician & Disability Determination Services		Government health professional	

¹⁶ This may be a psychologist if the person has a mental health condition. The health professional should have qualifications in the field of the person's primary medical condition.

Places	Hong Kong		Australia			UK			US		Taiwan	
Programs	DA	CSSA	DSP	SA	CP	DLA	PIP	AA	SSDI	SSI	LS	DP
Standardized assessment	Medical Assessment Form		Tables for the Assessment of Work-related Impairment	No	Disability Care Load Assessment (DCLA); Adult Disability Assessment Tool (ADAT)	Government form			Social Security Administration standard form		Self-developed assessment form with classification of disabilities based on ICF, supported by internationally recognized assessment tools	
Nature of assessment	Medical ¹⁷ ; functional-related factors may also be considered ¹⁸		Work-related functional ¹⁹	Physicians' certification	Functional ²⁰ ; care needs	Functional; care needs	Functional (Mobility and daily living)	Functional; care needs	Medical; work capacity	Medical; work capacity for adult and functional for child	Medical; functional; social needs	Medical; functional; social needs
Items of assessment	1) For NDA: -- severely disabled and as a result needs substantial help	The arrangements are similar to those under DA	1) 15 Impairment Tables: -- functions requiring physical exertion	N/A	1) For care receiver under 16 years: -- the care receiver's	1) Mobility component: -- Needs extra looking after or have	1) 10 Daily living component: -- preparing food;	1) Help with personal care: --Needs day-to-day help with	-- Is the claimant working? -- Is the claimant's	1) For adult: Same as SSDI 2) For child: -- Is the child	(In Chinese only) 1) 國際健康功能與身心障礙分類 (8 大類別): --神經系統構造及精神、心智功能	

¹⁷ "Medical" means the assessment mainly considers the impact of the disability on health condition.

¹⁸ The functional-related factors such as the applicant's ability of self-care and personal hygiene will only be considered when his/her condition does not fall into and is not broadly equivalent to one of the categories of injuries which have been defined as a 100% loss of earning capacity as listed in the First Schedule to the Employees' Compensation Ordinance.

¹⁹ "Work-related functional" means the assessment considers how the claimant's impairment affects his/her capacity to do work-related tasks and activities.

²⁰ "Functional" means the assessment considers how the claimant's impairment affects his/her capacity to carry out daily living activities.

Places	Hong Kong		Australia			UK			US		Taiwan	
Programs	DA	CSSA	DSP	SA	CP	DLA	PIP	AA	SSDI	SSI	LS	DP
from others to cope with daily life 2) For HDA: -- Meet the medical eligibility criteria for NDA; and -- in need of constant attention but is not receiving care in a subsidized residential or medical institution under HA or boarding in a special school under the Education Bureau			and stamina -- upper limb function -- lower limb function -- spinal function -- mental health function -- functioning related to alcohol, drug and other substance use -- brain function --communication function -- intellectual function -- digestive and reproductive function -- hearing and		functional ability, behavior and special care needs 2) For care receiver above 16 years: -- The amount of help the care receiver needs to undertake basic daily living activities e.g. mobility, hygiene and communication	walking difficulties 2) Care component: -- Needs much more day-to-day help than children of the same age	-- taking nutrition; -- managing therapy or monitoring a health condition; -- washing and bathing; -- managing toilet needs or incontinence; -- dressing and undressing; --communicating verbally; -- reading and understanding signs, symbols and words; -- engaging with other	daily living activities 2) Supervise: someone to watch over to help avoid danger to himself/herself or to other people	medical condition "severe" enough to limit his/her ability to do basic work activity e.g. walking and remembering? -- Is the claimant's condition on the List of Impairment? -- Can the claimant do the work he/she did before? -- Can the claimant do any other type of	working? -- Does the child have a severe impairment? -- Does the child's impairment meets, medically equals or functionally equals a listing?	--眼、耳及相關構造與感官功能及疼痛 --涉及聲音與言語構造及其功能 --循環、造血、免疫與呼吸系統構造及其功能 --消化、新陳代謝與內分泌系統相關構造及其功能 --泌尿與生殖系統相關構造及其功能 --神經、肌肉、骨骼之移動相關構造及其功能 --皮膚與相關構造及其功能 2) WHO-DAS 2.0 量表: 活動參與及環境因素評估 (6大領域) -- 認知 -- 行動 -- 自我照顧 -- 相處 -- 生活活動 -- 社區活動的參與	

Places	Hong Kong		Australia			UK			US		Taiwan	
Programs	DA	CSSA	DSP	SA	CP	DLA	PIP	AA	SSDI	SSI	LS	DP
			other functions of the ear -- visual function -- continence function -- functions of the skin -- functions of consciousness 2) Continuing inability to work: The impact of impairment on carry out job duties				people face to face; -- making budgeting decisions 2) 2Mobility component -- planning and following journeys; -- moving around		work?		上述(1)項以 ICF 的分類方法為基礎。然而，評估人員須以適當的評估工具進行評估。ICF 本身並不是評估工具。 3) 按申請人的殘疾情況進行需求評估，以向申請人提供適當的援助。	
Use of aids ²¹	As presented in the consultation		If an applicant does not use assistive devices, the assessment will be based on his/her needs without devices.			Yes	Yes	Yes	Yes	Yes	Yes	Yes

²¹ “Use of aids” refers to whether the use of aids, equipment or assistive technology would be considered during the assessment to determine the claimant’s disability.

Places	Hong Kong		Australia			UK			US		Taiwan	
Programs	DA	CSSA	DSP	SA	CP	DLA	PIP	AA	SSDI	SSI	LS	DP
Duration of disability/needs	>= 6 months	N/A	>= 2 years	Temporary; less than 2 years	>= 6 months	>= 9 months	>= 1 year	>= 6 months	>= 1 year	>= 1 year	>= 1 year	>= 1 year
Level of disability	NDA: Severely disabled and as a result needs substantial help from others to cope with daily life HDA: Severely disabled and as a result needs substantial help from others to cope with daily life; and requires constant attendance	The arrangements are similar to those under DA ²²	20 points in impairment rating; and inability to work in the next 2 years	Temporary injury or illness	Depends on the care needs of people being cared	2 levels of mobility; and/or 3 levels of care needs	2 levels of ability handling daily life; and/or 2 levels of mobility	2 levels of personal care needs and supervisory needs	Meet the impairment level in the list of impairment; or cannot engage in work	Meet the impairment level in the list of impairment; or cannot engage in work	4 levels of severity: mild, moderate, severe, extreme	Level of severe/extreme

²² Higher standard rates, special grants and supplements are provided to persons with disabilities under the CSSA Scheme to meet their special needs arising from disabilities.

Places	Hong Kong		Australia			UK			US		Taiwan	
Programs	DA	CSSA	DSP	SA	CP	DLA	PIP	AA	SSDI	SSI	LS	DP
Loss of one limb only	Loss of one limb per se generally is not eligible. Functional-related factors will be considered to ascertain whether applicants with loss of one limb are severely disabled and as a result needs substantial help from others to cope with daily life		Loss of one limb per se generally is not eligible. Work-related functional assessment will be conducted to ascertain whether applicants meet the general eligibility criteria	Not eligible	Loss of one limb per se generally is not eligible. Functional assessment; and care needs assessment will be conducted to ascertain whether applicants meet the general eligibility criteria	Loss of one limb per se generally is not eligible. Functional assessment; and care needs assessment will be conducted to ascertain whether applicants meet the general eligibility criteria	Loss of one limb per se generally is not eligible. Functional assessment will be conducted to ascertain whether applicants meet the general eligibility criteria	Loss of one limb per se generally is not eligible. Care needs assessment will be conducted to ascertain whether applicants meet the general eligibility criteria	Certain types of loss of one limb on the List of Impairment would be automatically qualified	Certain types of loss of one limb on the List of Impairment would be automatically qualified	Loss of one limb per se generally is not eligible. Medical assessment; functional assessment; and social needs assessment will be conducted to ascertain whether applicants meet the general eligibility criteria	
Disabling condition²³	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	No	No

²³ “Disabling condition” refers to whether the scheme enables the claimant to be automatically considered as disabled under certain severe condition(s). For example, in the US, there is a List of Impairment which describes medical conditions that are permanent or expected to result in death. If the claimant’s condition(s) is on this list, he/she will be automatically considered as disabled.

Places	Hong Kong		Australia			UK			US		Taiwan	
Programs	DA	CSSA	DSP	SA	CP	DLA	PIP	AA	SSDI	SSI	LS	DP
Medical certification ²⁴	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
	Other aspects											
Review mechanism	Depends on physicians' assessment		2 years	13 weeks	2 years	6 months; or varied	Periodically	6 months	6 months to 7 years	3 years	Up to 5 years	Up to 5 years
Transport fare concession/ Transport support	\$2 Scheme; Transport Supplement of HK\$255 (monthly rate in 2015) per month for DA recipients and CSSA recipients who are medically certified to be 100% disabled or in need of constant attendance in the age group of 12 to 64 ²⁵		Mobility Allowance	No	No	"Motability"; Disabled person's railcard, etc.	"Motability"; Disabled person's railcard, etc.	Disabled person's railcard	No	No	(In Chinese only) 復康巴士; 核發身心障礙者專用停車位識別證明; 搭乘台灣大眾運輸工具半價優待; 購買停車位貸款利息補貼或承租停車位補助	(In Chinese only) 復康巴士; 核發身心障礙者專用停車位識別證明; 搭乘台灣大眾運輸工具半價優待; 購買停車位貸款利息補貼或承租停車位補

²⁴ "Medical certification" means whether the claimant's medical records will be taken into consideration as reference in the disability assessment.

²⁵ The Rehabus service, operated by the Hong Kong Society for Rehabilitation under the subvention from LWB, provides a territory-wide transport network which enables people with mobility disabilities to travel to work and school, or participate in social and recreational activities. DA recipients and disabled CSSA recipients may apply for the service.

Places	Hong Kong		Australia			UK			US		Taiwan	
Programs	DA	CSSA	DSP	SA	CP	DLA	PIP	AA	SSDI	SSI	LS	DP
												助
Housing benefits	No	Rent Allowance	Rent Assistance	Rent Assistance	Rent Assistance	No	No	No	No	No	No	(In Chinese only) 房屋租金及購屋貸款利息補助
Job seeking and employment support	No ²⁶	No ²⁸	Program of support; or Supported Wage System	Disability Employment Services	No	No	No	No	Employment supports	Employment supports	(In Chinese only) 個案管理與評量; 職業訓練; 職場見習; 技能檢定補助; 就業服務; 短期工作機會; 創業輔導; 職務再設計	(In Chinese only) 個案管理與評量; 職業訓練; 職場見習; 技能檢定補助; 就業服務; 短期工作機會; 創業輔導; 職務再設計

²⁶ The Government provides comprehensive employment assistance to persons with disabilities and their employers through various support programs other than the DA and CSSA Scheme.

Places	Hong Kong		Australia			UK			US		Taiwan	
Programs	DA	CSSA	DSP	SA	CP	DLA	PIP	AA	SSDI	SSI	LS	DP
Supply of assistive device	No	Special grant to cover costs of medical, rehabilitation, surgical appliances and hygienic items (e.g. wheel-chair, hearing-aid, etc.)	No	No	No	No	No	No	No	No	(In Chinese only) 輔具服務; 輔助費用補助	(In Chinese only) 輔具服務; 輔助費用補助
Carer allowance	No ²⁷	Family living with a CSSA recipient with 100% disability or requiring constant attendance will receive a higher standard rate	No	No	CP is the key carer allowance	Carer's Allowance; Carer's Credit under the social insurance system	Carer's Allowance; Carer's Credit under the social insurance system	Carer's Allowance; Carer's Credit under the social insurance system	No	No	No	No
Medical benefits²⁸	Universal	Universal; medical waiver	Pharmaceutical Allowance	Pharmaceutical Allowance;	Health Care Card	Universal	Universal	Universal	Medicare	Medicaid	Universal	Universal

²⁷ The HKSAR Government is implementing a new pilot scheme on living allowance for caregivers of elderly people on the Central Waiting List for subsidized long term care services. The caregivers of aged DA recipients may also be eligible for the carer allowance if they meet the means-test requirement and the DA recipients are on the Central Waiting List. The Scheme does not cover caregivers of non-elderly persons with disabilities.

²⁸ "Medical benefits" means whether the scheme, apart from the cash benefits, also provides attached medical benefits. For instance, in the US, the claimant will be granted Medicare benefits including such as prescription drug coverage that helps pay for medications doctors prescribe for treatment, two years after the date of SSDI entitlement.

Places	Hong Kong		Australia			UK			US		Taiwan	
Programs	DA	CSSA	DSP	SA	CP	DLA	PIP	AA	SSDI	SSI	LS	DP
				Health Care Card								

(5) Detailed Findings

5.1 This section sets out the detailed findings of various features of the major financial assistance programs in Hong Kong and the non-local places.

(a) Eligibility

5.2 Table 4 compares the eligibility criteria for cash allowance for persons with disabilities in Hong Kong and the four non-local places.

5.3 Hong Kong has a non-means-tested DA that covers persons with severe disabilities. DA recipients must be severely disabled and as a result need substantial help from others to cope with daily life. To be eligible for DA, the applicants have to be in severe disability that lasts for 6 months or longer. Disabled people who need constant care in the community are eligible for the HDA. The CSSA of Hong Kong provides a safety net for those who cannot support themselves financially. Disabled CSSA recipients are eligible for a standard rate higher than able-bodied recipients as well as a range of special grants and supplements (including the transport supplement for those who are aged 12 to 64 and who are medically certified to be of 100% disability or in need of constant attendance). Like other non-local places, Hong Kong also has other in-kind programs, such as the \$2 Scheme which enables eligible persons with severe disabilities to travel on most MTR, franchised bus, ferry services and green minibus at a concessionary fare of HK\$2 per trip.

5.4 Australia has two cash allowance programs for working-age adults and a carer payment program for children and elderly persons with disabilities. All these programs are only applicable to people with low income, i.e. means-tested. To be eligible for the DSP, applicants must have a disability that lasts for at least 2 years. On the contrary, to be eligible for the SA, applicants must have a temporary disability that lasts for two years or less. To be eligible for CP, the person with disability must have a disabling condition that lasts for 6 months or longer.

5.5 The UK has three different cash allowance programs, one for each age group²⁹. These programs are all non-means-tested. The DLA is for children with disabilities that last for 9 months or longer. The PIP is only for working-age persons with disabilities that last for 12 months or longer. The AA is for elderly persons with disabilities that last for 6 months or

²⁹ In our in-depth interviews with five stakeholders mentioned in paragraph 2.5 above, some suggested Hong Kong may consider adopting similar arrangements. Some stakeholders opined that the NDA and HDA may be appropriate for working-age adults. However, for children and elders with disabilities, they suggested implementing a carer allowance type financial assistance program for them.

longer.

5.6 The US has a social insurance program (SSDI) for working-age adults and a welfare program (SSI) for all age groups. To be eligible for the non-means-tested SSDI, claimants must have earned enough work credits (i.e. prior contribution). The SSI is a means-tested program with no prior contribution is required. For working-age adults, SSDI and SSI adopt the same disability assessment mechanism. The disability must have prevented or will prevent an applicant from engaging in any substantial gainful activity (earnings averaging over around US\$1,100 a month for 2014) for at least 12 months (or the disability can be expected to end in death).

5.7 Taiwan has one social insurance payment (DP) for working-age adults with disabilities and a welfare payment (LS) for all ages. To be eligible for the non-means-tested DP, claimants must be assessed as having lost lifetime working capability and be insured by the National Pension. To be eligible for the means-tested LS, claimants must be on low to low-middle income and have disability that lasts for at least one year.

5.8 All cash allowance programs, except the SSDI of the US and the DP of Taiwan, are not linked to prior employment/contribution. The majority of the programs allow recipient of cash allowance to work.

Table 4. Eligibility criteria for cash allowance for persons with disabilities in Hong Kong and the four non-local places

	Hong Kong	Australia	UK	US	Taiwan
Means-tested	1	✓	X	2	3
Prior contribution	X	X	X	4	5
Employment allowed	✓	6	✓	7	8
Residence requirement	✓	✓	✓	✓	✓

Note:

1. There are means tests for the CSSA Scheme but not DA.
2. There are means tests for the SSI but not SSDI.
3. There are means tests for LS but not for DP.
4. Prior contribution is required for the SSDI but not SSI.
5. For DP, the claimant has to have paid insurance contribution.
6. The claimant of SA is not allowed to work. For the claimant of DSP and CP, his/her monthly earnings have to be lower than the prescribed limit.
7. The monthly earnings have to be lower than the prescribed limit.
8. The claimant of DP is not allowed to work.

(b) Assessment

5.9 Table 5 compares the assessment methods used in Hong Kong and the four

non-local places for granting financial assistance to persons with disabilities.

(i) Assessor

5.10 Hong Kong and most non-local places use physicians as the primary assessors³⁰. However, in Hong Kong and Taiwan, only government physicians and government health professionals are authorized to conduct the disability assessment respectively. In Australia and the UK, government contracts health care professionals (i.e. persons with specialist training in assessing the impact of disability) to perform the disability assessment. In the US, the private treating physicians of the claimants perform the assessment.

(ii) Type of Assessment

5.11 The assessment of Hong Kong is mainly a medical one, based on a list of impairments, supplemented by a list of functional-related factors, explained in 3.2(a) above³¹. Similar to Hong Kong, the US and Taiwan also use medical assessment, but the US supplements it with an employment capacity assessment while Taiwan supplements it with functional and social needs assessment. Prior to 2012, Taiwan also used medical assessment based on medical conditions. Data from Taiwan seems to suggest that adoption of the new assessment based on the ICF (classification system) since 2012 has not significantly increased the number of beneficiaries³². Australia mainly adopts functional/care needs assessment and employment capacity assessment. UK mainly adopts functional/care need assessment. Details of the assessment methods of the four non-local places, as well as Macao and Spain are set out below.

Australia

5.12 The Australian government hires contracted private health professionals to conduct disability assessment.

³⁰ In our in-depth interviews with five stakeholders and the two focus groups mentioned in paragraph 2.5 above, some suggested adopting a functional assessment mechanism to replace the current medical assessment. They mentioned the Government should consider forming a multidisciplinary team to conduct the assessment. However, there are also views that it may not be worthwhile to pursue such a suggestion in view of the non-means-tested nature of the DA. The physician we interviewed also pointed out that most government physician did not receive training in DA assessment and were not equipped with access disabilities and their associated care needs.

³¹ In our in-depth interviews with five stakeholders and the two focus groups mentioned in paragraph 2.5 above, while some of the interviewees acknowledged the importance of the medical assessment, they believed that people became disabled owing to their medical conditions had reduced their ability to perform certain daily functions. Therefore, the assessment should be focusing more on the reduced functioning ability.

³² Taiwan adopted the ICF in 2012. The number of beneficiaries in 2011 was 4.13 million, in 2012 was 4.18 million, in 2013 was also 4.18 million and in the first quarter of 2014 was 1.02 million. (Note: These are the numbers of person-time instead of the actual number of beneficiaries.)

5.13 The DSP has the most comprehensive disability assessment using a 30-page Impairment Tables. The assessment is conducted by a Job Capacity Assessor contracted by the government. The assessor takes into account the claimant's prior work history, his/her previous access to employment services, and his/her attending physician's report as well as any other available medical evidence to evaluate disability. The claimant also attends an assessment interview as part of the process so that the assessor can establish how disability is impacting on the claimant's ability to work. To be eligible for DSP, claimant must receive a score of 20 points or higher from the impairment tables and has a "continuing inability to work". There is no standard form for assessing "continuing inability to work".

5.14 The SA has a shorter disability assessment as the program intends to provide only short-term financial assistance to those who temporarily cannot work or study because of an injury or illness. Claimant supplies a medical certificate from his/her attending physician using an approved form to document his/her injury or illness.

5.15 For CP, its assessment depends on the age of the care receivers (i.e. a person with disability). For care receivers aged 16 or above, disability is assessed by using the Adult Disability Assessment Tool (ADAT). The ADAT contains two questionnaires that together measure the amount of help that a care receiver needs to undertake basic activities of daily living such as mobility, communication, hygiene, eating and management in a range of cognitive and behavioral areas. Caregiver is required to complete a Carer Questionnaire and a treating health professional (THP) is required to complete the Health Professional Assessment Questionnaire. For care receivers who are younger than 16 years, their functional ability, behavior and special care needs are assessed through a Disability Care Load Assessment (DCLA). DCLA contains two questionnaires, one to be completed by the caregiver, and another to be completed by the THP. The THP's responses must be based on the child's ability when using aids, appliances or other special equipment items, if they usually use these aids, or when the child is taking their prescribed medications. The THP also needs to certify in writing that caregiver's capacity to undertake paid employment is severely restricted because of the caregiving duties.

UK

5.16 In the UK, disability assessment is mainly conducted by contracted health professionals.

5.17 The PIP program has a more elaborate assessment process while disability assessments for AA and DLA are relatively simple. PIP disability assessment is carried out by two assessment companies contracted by the government. The assessment tests the claimant's ability to participate in everyday life in 10 daily living activities and two mobility activities –

Daily living (10 activities):

1. Preparing food
2. Taking nutrition
3. Managing therapy or monitoring a health condition
4. Washing and bathing
5. Managing toilet needs or incontinence
6. Dressing and undressing
7. Communicating verbally
8. Reading and understanding signs, symbols, and words
9. Engaging with other people face to face
10. Making budgeting decisions

Mobility (2 activities):

1. Planning and following journeys
2. Moving around

5.18 The assessment can be done in the claimant's home or the office of the health care professional. The contracted healthcare professionals may also contact the claimant's attending physician or other medically qualified person for further information. The DLA assessment includes mobility and care components, but covers far fewer items. The claimant needs to provide the information on the child's illness or disability, the treatments, the difficulties in walking outdoors and the extra care needed. For AA, the assessment is based on the level of care and safety. The claimant will be classified as needing "help with personal care" or "supervise".

US

5.19 The US programs, SSDI and SSI, depend very much on private practice physicians for disability assessment. The State Disability Determination Services (DDSs, state agencies but fully funded by the Federal Government) are responsible for developing medical evidence and rendering the initial determination on whether the claimant is or is not disabled under the law. Applicants first provide details of their medical history and work history in a

standardized application form. The form will then be passed to their attending physicians, psychologists, or other acceptable medical sources (treating source) for medical information needed for the assessment. For adult claimants, the focus is on how their medical conditions and functional impairments affect their ability to work. The treating source is neither asked nor expected to decide whether the claimant is disabled. However, he or she will usually be asked to provide a statement about an adult claimant's ability, despite his or her impairments, to do work-related physical or mental activities or a child's functional limitations compared to children the same age who do not have impairments. The completed form will be submitted to the DDS for disability evaluation and determination of eligibility. If evidence is unavailable or insufficient to make a determination, the DDS will arrange a consultative examination in order to obtain the additional information needed, either by the claimant's treating source or by an independent source. The disability determination is made by a two-person adjudicative team consisting of a medical or psychological consultant and a disability examiner based on the evidence collected.

5.20 There are five steps for the DDS to decide whether an adult claimant is disabled or not. This involves a hierarchical process; if a claimant cannot meet the criteria in a certain step, he/she will not go on to the next step. Depending on the conditions, a claimant will only be considered as disabled if he/she is able to pass through either Step 1 to 3 or all the steps.

Step 1: Is the Claimant Working?

If the claimant is working and his/her earnings average more than a prescribed amount, he/she generally cannot be considered as disabled. If the claimant is not working, or his/her monthly earnings average the prescribed amount or less, then he/she will go on to step 2.

Step 2: Is the Claimant's Medical Condition(s) "Severe"?

For the DDS to decide that the claimant is disabled, his/her medical condition(s) must significantly limit his/her ability to engage in basic work activities such as walking, sitting and remembering for at least one year. If the claimant's medical condition(s) is not that severe, the DDS will not consider him/her as disabled. If the claimant's condition(s) is severe, he/she will go on to step 3.

Step 3: Is the Claimant's Medical Condition on the "List of Impairment"?

The DDS has a List of Impairments that describes medical conditions which are considered so severe, that they automatically mean that the claimant is disabled as defined by law. If the claimant's condition(s) is not on this list, the DDS looks to see if his/her condition(s) is as severe as a condition that is on the list, preventing an individual

from doing any gainful activity. For example, given that the claimant has Inclusion Body Myositis which is not on the List of Impairment, the official can look up Muscular Dystrophy that is an equivalent condition (similar functional impairment) and use it. If the severity of his/her medical condition(s) meets or equals that of a listed impairment, the DDS will decide that he/she is disabled. If it does not, the claimant will go on to step 4.

Step 4: Can the Claimant Engage in the Work He/She Did Before?

At this step, the DDS decides if the claimant's medical condition(s) prevents him/her from being able to engage in the work he/she did before. If it does not, the DDS will decide that the claimant is not disabled.

Step 5: Can the Claimant Engage in Any Other Type of Work?

If the claimant cannot engage in the work that he/she did in the past, the DDS will look to see if he/she will be able to do other work. The DDS will evaluate his/her medical condition(s), age, education, past work experiences and any skills he/she may have that can be used to do other work. If the evaluation indicates that he/she cannot do other work, the DDS will decide that he/she is disabled.

5.21 For adult applicants, both the SSDI and the SSI follow the same assessment procedure.

5.22 For children (aged under 18) applying for SSI, there are three steps to decide whether they are disabled or not. This is a hierarchical process, if a claimant cannot meet the criteria at certain step, he/she will not go on to the next step.

Step 1: Is the Child Working?

If the child is working and his/her earnings average more than a prescribed amount, he/she generally cannot be considered as disabled. If the claimant is not working, or his/her monthly earnings average the prescribed amount or less, then he/she will go on to step 2.

Step 2: Does the Child Have a Severe Impairment?

DDS will determine if the child has a medically determinable physical or mental impairment or combination of impairments (hereafter referred to as impairment(s)) and whether it is severe. An impairment is not severe if it is only a slight abnormality or a combination of slight abnormalities that causes no more than minimal functional limitations. If the child does not have a medically determinable impairment(s), or the

child has a medically determinable impairment(s) but it is not severe, the DDS will find that the child is not disabled.

Step 3: Does the Child's Impairment Meet, Medically Equal, or Functionally Equal an impairment on the List of Impairment?

If the child has a severe impairment(s), the DDS will determine if the impairment(s) meets or medically equals the criteria of the List of Impairment. The list describes specific medical conditions of the major body systems that satisfy the eligibility criteria for SSI. A child is disabled if he or she has an impairment that meets the criteria of one of the listed impairments or medically equals one of such impairments.

If a child's impairment(s) is severe but does not meet or medically equal the listed impairment(s), e.g. types of impairments that are not covered by the List of Impairment, the DDS will determine whether the impairment(s) "functionally equals" the listed impairment(s).

The DDS will evaluate the effects of the impairment(s) on the child's ability to function at home, at school, and in the community. Once the DDS have a clear picture of a child's functioning in all activities and settings, they will evaluate the child's functioning in six domains. These domains are broad areas of functioning intended to capture all of what a child can or cannot do. They include acquiring and using information; attending and completing tasks; interacting and relating with others; moving about and manipulating objects; caring for claimant himself/herself; and maintaining health and physical well-being.

If a child's impairment(s) results in "marked" limitations in two of these domains of functioning, or an "extreme" limitation in one domain, then his or her impairment(s) functionally equals the listed impairment(s). The DDS defines "marked" and "extreme" limitations in several ways. The most general definition of a "marked" limitation in a domain is when a child's impairment(s) interferes seriously with the child's ability to independently initiate, sustain, or complete activities. An "extreme" limitation in a domain is when a child's impairment(s) interferes very seriously with these abilities.

Taiwan

5.23 Since 2012, the Taiwan government has adopted a new framework of disability evaluation and welfare services based on the classification system under the ICF. The new system consists of a disability assessment component, which include medical, functional and

social needs assessments, and a service needs assessment component. The disability assessment is based on a health condition evaluation using the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and a body function and structure evaluation by physicians, in addition to activities and participation evaluation (Functional Scale of Disability Evaluation System (FUNDES)) by qualified testers. These qualified testers are professionals experienced in providing services to persons with disabilities for at least 1 year in their field (i.e. physiotherapy, occupational therapy, speech therapy, psychology, or social work) and have passed the required qualification tests. The disability assessment is conducted at authorized public hospitals. After the assessment, a medical evaluation report with information of disability determination, type of disability and grade of disability based on ICF will be sent to the local social welfare bureau to arrange a needs assessment for the applicant to determine the eligibility for disability benefits, including the financial assistance. In the needs assessment, applicants are asked for their history of welfare application, family support, and environmental factors in face-to-face interviews by assessors who are qualified after receiving a full training course of needs assessment. Thus, the process for a disability evaluation requires at least three authorized specialists for each person with disabilities due to the multiple services provided.

Macao

5.24 In 2011, the Macao government implemented its first disability classification system. It classifies persons with disabilities into six disability categories (visual, audio, verbal, physical, intellectual and mental) and four levels of impairment (slight, moderate, severe and profound). Despite Macao's claims to have adopted the ICF, the assessment is primarily a medical one. Applicants must provide a medical report as proof of disability. However, if the disability is highly visible (e.g. loss of limbs or eyeball) or the applicant is a current user of special education or rehabilitation services, the document proof will be waived. Applicants will be arranged to go through the disability assessment conducted by medical doctors and/or trained professionals. For each type of disability, the government specifies the assessment tools to be used (e.g. the Clinical Dementia Rating is the designated tool for assessing dementia; but for assessing adoptive behaviors, the assessor can choose from several tools such as the Barthel Index, the Functional Independent Measure, the Vineland Adaptive Behavior, etc.). To be eligible for benefits, the duration of impairment must be at least 6 months or longer for visual, audio and physical disabilities, and at least 1 year or longer for mental disability. For intellectual disability and verbal impairment, there is no requirement on duration.

Spain

5.25 Based on the limited information available, we understand that persons aged 18 to 64 with degree of disability of at least 65% are eligible for the non-contributory Invalidity Pension. It is a means-tested program. When the degree of disability is 75% or above, and assistance from other persons to perform the most essential basic functions is required, the pension amount will be increased by 50%. However, we do not have sufficient information on how the assessment is conducted.

(iii) Use of Standardized Assessment Form

5.26 Hong Kong and the four non-local places adopt standardized assessment forms for disability assessment. The form used in Hong Kong collects information on medical and, when needed, some functional conditions leading to severe disability. On the other hand, Australia uses a comprehensive set of impairment tables to assess work-related functional impairments. UK uses a standardized government form that focuses on assessing the claimant's ability to perform daily living activities and mobility. The US government uses a comprehensive government form focusing on the claimant's work capacity. Taiwan government is adopting a self-developed assessment form with classification of disabilities based on the ICF and assessment tools recognized by the authority. In our qualitative study, some stakeholders recommended adopting a standardized assessment instrument to replace the current medical form. They argued that the current medical form relies very much on the physicians' subjective judgement rather than objective assessment.

(iv) Use of Assistive Devices

5.27 In Hong Kong, there is no standardized practice on taking account of the use of assistive devices in disability assessment. In general, medical doctors will, during DA assessment, determine whether the applicant's disablement falls into one of the categories of injuries which have been defined as broadly equivalent to 100% loss of earning capacity as listed in the First Schedule to the Employees' Compensation Ordinance without consideration of the use of assistive devices. If not, the medical doctors will further determine whether the applicant's condition results in a significant restriction to perform activities in daily living to the extent that substantial help from others is required. Doctors will determine the applicant's functional status as presented in the consultation, i.e. depending on whether the applicant is or is not using aid of rehabilitation or mechanical devices. In Australia, similar to Hong Kong, if the applicant does not use assistive devices, the assessment will be based on his/her needs without these devices. In Taiwan, on the contrary, the assessor will assess the person with the

use of suitable assistive devices even if the applicant is not using such devices. The applicant will be provided with and trained to use the assistive devices afterwards if he/she is assessed as in need of them in the daily life. In the US, the assessor determines the functional ability of an SSDI or SSI applicant both with and without using assistive devices. If the assessor believes the applicant is qualified for receipt of an assistive device that he/she does not possess, he/she can be referred to an assistive technology assessment to determine how an assistive device would improve his/her functioning. In the UK, the use of aids should be taken account of to determine entitlement. However, the arrangements are not straightforward. For example, for DLA, even if a child with no feet or legs can walk using prosthetic limbs, they are still entitled to the higher Mobility component. Furthermore, being able to do an activity with the help of an aid does not necessarily mean scoring no points in the tests for the various support schemes. For example, for the Daily Living Activities of PIP, a person scores 8 points if they cannot prepare and cook food, but they still score 2 points if they can do such a task using an appliance or aid.

(v) Loss of One Limb

5.28 In most non-local places, loss of one limb per se does not automatically entitle a person with disability to financial assistance. The assessments for loss of one limb in these places are based on functioning rather than medical condition. In Hong Kong, loss of one limb does not fall into and is not broadly equivalent to any of the injuries defined as 100% loss of earning capacity. However, a person who loses a limb may be eligible for DA if his/her disabling condition produces a significant restriction or lack of ability or volition to perform at least one or more of the daily activities as stated in the Medical Assessment Form to the extent that substantial help from others is required. In Australia, a person who loses a limb without other complications will be assessed whether he/she is able to meet the general assessment criteria, which focus on whether the applicant is able to work. In the US, only loss of one leg up to the hip would automatically qualify a person for benefit³³. In the UK, the DLA provides subsidy to its applicants (i.e. those aged below 16) who have lost one limb if their mobility is affected by and/or they need extra care due to the disability. The PIP, on the other hand, provides subsidy to applicants (i.e. for those aged 16 to 64) with loss of one limb if their mobility and/or ability to perform daily living tasks is limited or severely limited by

³³ The following limb loss would automatically qualify a person for benefit: 1) amputation of both hands (equivalent to 100% loss of earning capacity in Hong Kong); 2) an amputation of one or both legs (loss of two limbs is equivalent to 100% loss of earning capacity in Hong Kong) at or above the ankle which result in one not being able to walk effectively. "Ineffective walking" generally means that the claimant has stump complications that does not allow him/her to use prosthetic device effectively and/or the claimant needs to use both hands to handle a walker, two canes or crutches, or a wheelchair; 3) amputation of one hand and one leg at or above the ankle (loss of two limbs is equivalent to 100% loss of earning capacity in Hong Kong). The claimant also must not be able to walk effectively; 4) amputation of one leg up to the hip (hip disarticulation); or 5) pelvic amputation (hemipelvectomy). If a loss of limb does not fall under any of these 5 categories, then the standard procedures for determining residual functional capacity will be assessed.

the disability. In Taiwan, a person who loses a limb needs to pass medical, functional and social assessments before he/she is eligible for cash benefits.

Table 5. Comparison of disability assessment in Hong Kong and the four non-local places for adults with disabilities

	Hong Kong	Australia	UK	US	Taiwan
Assessor					
Government physician	✓				
Government health professional					✓
Private practice physician				✓	
Contracted health professional		✓	✓		
Standardized assessment form					
Government form	✓	✓	✓	✓	✓ (self-developed form with classification based on ICF)
Nature of assessment					
Medical ³⁴	✓			✓	✓
Work-related functional ³⁵		✓		✓	
Functional / care needs ³⁶ ;	✓ ³⁷	✓	✓		✓
Use of aids in the assessment	As presented in the consultation	✓	✓	✓	✓
Duration of disability	>=6 months	>=2 years	>=1 year	>= 1 year	>=1 year
Medical history	✓	✓	✓	✓	✓
Disabling conditions ³⁸	✓	✓	X	✓	X

³⁴ “Medical” means the assessment mainly considers the impact of the disability on health condition.

³⁵ “Work-related functional” means the assessment considers how the claimant’s impairment affects his/her capacity to do work-related tasks and activities.

³⁶ “Functional” means the assessment considers how the claimant’s impairment affects his/her capacity to carry out daily living activities.

³⁷ The functional-related factors such as the applicant’s ability of self-care and personal hygiene, etc. will be considered if his/her disablement does not fall into any of the categories of injuries which have been defined as broadly equivalent to 100% loss of earning capacity as listed in the First Schedule to the Employees’ Compensation Ordinance.

³⁸ “Disabling condition” refers to whether the scheme enables the claimant to be automatically identified as disabled under certain severe condition(s). For example, in the US, there is a List of Impairment which describes medical conditions that are permanent or expected to result in death. If the claimant’s condition(s) is on this list, then he/she will be automatically considered as disabled.

Note: For places with more than one program granting cash allowance for persons with disabilities, we used the program for working-age adults as reference in this table, including the DSP in Australia, the PIP in UK, the SSDI/SSI in the US, and the LS in Taiwan.

(c) Benefits

5.29 Table 6 compares the benefits of financial assistance and associated benefits for persons with disabilities in Hong Kong and the four non-local places.

(i) Cash Allowance

5.30 In general, Hong Kong and the four non-local places provide cash allowance to eligible recipients.

(ii) Carer Allowance

5.31 Hong Kong has not established a formal carer allowance scheme for persons with disabilities and their families. The HKSAR Government is implementing a pilot scheme to provide cash allowance for caregivers of frail elders on the Central Waiting List for subsidized long term care services if the caregivers meet the means test requirement applicable to that pilot scheme. Caregivers of aged DA recipients may be eligible to apply for the allowance if they meet the means test requirement and their care receivers are on the Central Waiting List. Caregivers of non-elderly persons with disabilities are not eligible for the allowance. Australia provides carer allowance (i.e. CP) to caregivers of persons with disabilities of all ages, and it is a means-tested program. UK provides a non-means-tested carer allowance to caregivers of persons with disabilities regardless of age. The US does not have carer allowance under the SSDI or SSI programs. However, it provides carer allowance through Medicaid waiver program such as the Cash and Counseling Program. The Medicaid is a Federal Government health insurance program for poor people. In Taiwan, like Hong Kong, where it is a predominantly Chinese community, the Government does not provide any allowance for caregivers of persons with disabilities.

(iii) Transportation Benefits

5.32 In Hong Kong, DA recipients and CSSA recipients who are 100% disabled or requiring constant attendance are eligible for the government-funded \$2 Scheme, under which they can travel on most MTR, franchised bus, ferry services and green minibus at a concessionary fare of HK\$2 per trip. A monthly Transport Supplement is also payable to DA recipients and CSSA recipients who are 100% disabled or requiring constant attendance in

the age group of 12 to 64.³⁹ The Rehabus service (there are about 130 buses), operated by the Hong Kong Society for Rehabilitation under the subvention from LWB, provides a territory-wide transport network which enables people with mobility disabilities to travel to work and school, or participate in social and recreational activities. DA recipients and disabled CSSA recipients may apply for the service. Australia provides mobility allowance for working age adults with disability who receive DSP and meet certain working requirements. The DLA and PIP in UK also acts as a passport to other entitlements, including disabled person rail card. The US does not provide any transportation allowance for people receiving SSDI and SSI. In Taiwan, persons with disabilities who are issued the disability manual or disability identification will be automatically provided with rehabilitation bus services.

(iv) Housing Benefits

5.33 Housing benefit is very uncommon among the four non-local places as only the Australian government provides rent assistance to persons with disabilities receiving disability allowance. In this connection, the HKSAR Government does not provide any housing benefit to persons with disabilities based on their eligibility for DA, but they can apply for Compassionate Rehousing if they have genuine and imminent housing problems as well as social or medical needs which they cannot solve themselves. Separately, rent allowance is provided under the CSSA Scheme.

Table 6. Benefits for persons with disabilities in Hong Kong and the four non-local places

	Hong Kong	Australia	UK	US	Taiwan
Cash allowance to:					
Children	✓	1	✓	✓	✓
Working age adults	✓	✓	✓	✓	✓
Elderly	✓	1	✓	2	✓
Carer allowance	X ⁴⁰	✓	✓	X	X
Other benefits					
Transportation	3	4	3	X	✓ / 5
Housing	6	✓	X	X	5
Employment	X	✓	X	✓	✓

³⁹ In our in-depth interviews with five stakeholders and the two focus groups mentioned in paragraph 2.5 above, some suggested that there should be further linkage between the DA and rehabilitation services for persons with disabilities.

⁴⁰ The HKSAR Government is implementing a pilot scheme on means-tested living allowance for caregivers of elderly persons on the Central Waiting List for subsidized long term care services. The caregiver of an aged DA recipient may also be eligible for the allowance if he/she meets the means test requirement and the DA recipient is on the Central Waiting List. The Scheme does not cover caregivers of non-elderly persons with disabilities.

Medical	7	✓	7	✓	7
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Note:

1. Cash allowance through carer payment to caregiver.
2. Elderly receives only SSI, but not SSDI. SSDI will convert into Social Security Retirement Payment at age 65 years.
3. Financial assistance program acts as a passport to entitlement of other sources of help or support.
4. The working-age adults with disabilities who receive DSP and meet certain working requirement will be entitled to transportation benefits.
5. The persons with disabilities who are issued disability manual or disability identification may be entitled to other sources of help or support.
6. Rent allowance is provided under CSSA.
7. Covered through universal health care system.

(d) Review and Appeal

5.34 Table 7 summarizes the review and appeal processes of financial assistance for persons with disabilities in Hong Kong and the four non-local places. All places conduct regular review to ensure continued eligibility for benefits.

(i) Review

5.35 In Hong Kong, reviews are conducted to establish the claimant’s continued eligibility and to identify changes in circumstances which may affect the payment of allowance. For NDA cases, if the claimant has been certified to be severely disabled permanently, no medical review is required, but random checks by postal review will be conducted by the SWD to ensure that the claimants meet the other eligibility criteria for the continued granting of NDA. If the claimant has not been medically certified to be permanently disabled, a review will be conducted according to the validity period of the last medical assessment⁴¹. For HDA cases, irrespective of whether the claimant has been certified as disabled permanently or not, a review will be conducted according to the validity period of the last medical assessment but at least once every three years. CSSA adopts similar arrangements.

5.36 In Australia, the DSP disability assessment will remain valid for up to two years unless there is a significant change in the claimant’s circumstances that affects his/her eligibility (e.g. changes in the level of functional impairment, work capacity, and income and assets). Claimants are required to notify the government within 14 days for any significant changes that may affect eligibility. If a claimant deliberately does not notify the government about the changes, he/she could be charged with fraud and a recovery fee may be imposed.

⁴¹ In our in-depth interviews with five stakeholders and the two focus groups mentioned in paragraph 2.5 above, some suggested that no regular medical reassessment should be required for certain medical conditions. Some opined that many disabling medical conditions were non-reversible and medical reassessment was not needed.

5.37 In the UK, the PIP awards are usually made for a set period of time and the government periodically reviews awards, regardless of their length, to ensure that everyone continues to receive the most appropriate level of support.

5.38 In the US, for SSDI recipients, the law requires that the DDS reviews recipients' eligibility periodically to see if they are still disabled. However, for adult claimants who have been disabled since childhood, no review is needed. The time for review depends on whether the claimant's condition is expected to improve or not. If improvement is expected, the case will normally be reviewed within six to 18 months after the benefits start. If improvement is possible, the case will normally be reviewed no sooner than three years. If improvement is not expected, the case will normally be reviewed no sooner than seven years. For SSI adult claimants, the law requires the DDS to perform a medical continuing disability review approximately every three years, unless it is determined that the claimant has a condition that is expected to improve sooner than that. However, if the claimant has a condition that is not expected to improve, the DDS will still review his/her case, but not as often as every three years. The DDS also reviews the claimant's income, resources, and living arrangements to ensure that he/she still meets the non-medical requirements. For SSI children claimants, the law requires the DDS to review the child's medical condition from time to time to verify that he/she is still disabled. This review must be done at least every three years for child younger than age 18 whose condition is expected to improve; and by age 1 for baby who is getting SSI payment because of his/her low birth weight, unless DDS determines his/her medical condition is not expected to improve by his/her first birthday and DDS will schedule the review for a later date. DDS may perform a disability review even if the child's condition is not expected to improve. When DDS conducts a review, parents must present evidence that the child is and has been receiving treatment that is considered medically necessary for the child's medical condition.

5.39 In Taiwan, the disability assessment is valid for up to five years. The actual review time will be determined by medical doctors based on their clinical judgment. The Taiwanese assessment system is new (since 2012). Hence, it has very limited experience in case review under the new system.

5.40 The NDA and HDA in Hong Kong are non-means-tested cash allowances. All non-local places, except the UK, have a means-tested system. The means-tested limits are adjusted regularly. Most non-local places review means test eligibility during case review.

(ii) Appeal

5.41 In Hong Kong, if a claimant disagrees with a decision about his/her application for DA or CSSA, he/she may lodge an appeal with the Social Security Appeal Board (SSAB), which is an independent body comprising non-official chairperson and members. An appeal must be lodged within four weeks from the date of notification of the decision on the application. For cases involving medical assessment to determine eligibility, the SSAB will arrange for the claimant to undergo a medical assessment to be processed by a medical assessment board and give its decision on the basis of the views of the medical assessment board. The decision of the SSAB is final.

5.42 In Australia, the appeal processes are the same for both DSP and SA. A claimant whose application is rejected can appeal through a five step process of administrative appeal to court appeal, all the way to the High Court. The high court decision is final.

5.43 In the UK, if a claimant is unhappy with his/her PIP decision, he/she can file an appeal to the Department for Work and Pensions (DWP) for mandatory reconsideration. If the claimant is unhappy with the result of the mandatory reconsideration, he/she can file an appeal to the independent First-tier Tribunal under Her Majesty's Court and Tribunals Services. The First-tier Tribunal can either conduct a hearing or decide on paper. Once decided, the First-tier Tribunal will send a summary notice of the tribunal's decision to the appellant and the DWP. If the appellant is still unsatisfied with Tribunal's decision, he/she can file an appeal to the Upper Tribunal. The Upper Tribunal is part of the Administrative Appeals Chamber within the Ministry of Justice. However, the only ground for appealing to the Upper Tribunal against the First-tier Tribunal's decision is that the latter has made an "error of law". The Upper Tribunal's decision is final.

5.44 In the US, the appeal processes are the same for both SSDI and SSI. If a claimant is unhappy with his/her SSDI decision, he/she can first file a Request for Reconsideration and an Appeal Disability Report to the local Social Security Office. The state DDS will then review the appellant's medical records and make a new determination about his/her disability and eligibility. If the appellant is unsatisfied, he/she can file a Request for Hearing by Administrative Law Judge and an Appeal Disability Report. An administrative law judge will meet with the appellant for a hearing and make a decision on the appeal. If the appellant is still unsatisfied with the judge's decision, he/she can request a Council Review by filing Request for Review of Decision/Order of Administrative Law Judge. The Social Security Office will send his/her case to the Office of Disability Adjudication and Review. The Office will review the appellant's medical records and notify him/her in writing of the decision on

the case. If the appellant is still unsatisfied, he/she can file a case against the Social Security Administration in a District Court. The case will be heard by a district court judge who will notify the appellant in writing of the decision on the case. The District Court judge's decision is final.

5.45 In Taiwan, if a claimant is unhappy with his/her disability assessment or benefits, he/she can file an appeal for re-assessment. The re-assessment will be performed by a new assessment team.

Table 7. Review and appeal mechanisms of financial assistance programs for persons with disabilities in Hong Kong and the four non-local places

	Hong Kong	Australia	UK	US	Taiwan
Review mechanism					
Regular case review	✓	✓	✓	✓	✓
Timeframe	depending on physicians' assessment	2 years	periodically	6 months to 7 years	Up to 5 years
Appeal mechanism					
Time limit	4 weeks	13 weeks	1 month	60 days	30 days
Tiers of appeal	1	5	3	4	1

(6) Implementation and Controversies

6.1 Both Taiwan and UK implemented a new disability assessment system in recent years. The process in Taiwan started in 2001 when the WHO introduced the ICF. It was a bottom-up process with strong support from key stakeholders in the community. The Taiwan government spent about five years (2007-2012) to prepare for such change. However, full implementation of the new model is only expected to be achieved in 2019. On the other hand, the process of UK was top-down government-driven and many stakeholders in the community saw it as a way for the government to cut benefits to persons with disabilities. The UK government spent about three years (2011-2013) to convert the DLA to PIP.

Taiwan

6.2 Before the 1990s, disability policy in Taiwan was dominated by the medical model that emphasized on personal impairment rather than social involvement. Disability was perceived as an individual impairment, handicap, and misfortune. The role of the government was to provide welfare relief to safeguard the minimum living standard of persons with disabilities rather than their social participation and equal rights. The model was challenged by the disability movement in Taiwan, which led to the passage of the Physically and Mentally Disabled Citizen Protection Act in 1997. The Act marked the beginning of a shift from the medical model to the social model in Taiwan. More stakeholders and policy makers started to see disability as a social construction rather than an individual misfortune. The passage of the People with Disabilities Rights Protection Act in 2007 further consolidated the social model. The Act “aims to protect the legal rights and interest of persons with disabilities, secure their equal opportunity to participate in social, political, economic, and cultural activities fairly, while contributing to their independence and development” (Article 1 of the People with Disabilities Rights Protection Act). The government also vowed to build an individualized support system for the social participation of people with disabilities. The Act mandated the adoption of the WHO’s ICF as classification guideline in 2012. The ICF system was officially implemented in Taiwan in July 2012.

6.3 The adoption of the ICF in Taiwan is, in general, welcome by most stakeholders, including the disability right groups in Taiwan. Many saw it as a significant progress to move from the medical model to a social model. The concerns of some stakeholders are summarized below –

- Although the ICF regards disability as an interplay among body functions and body structures, activities and participation, and personal and environmental factors, some

stakeholders believed that the new disability assessment system is still too medical. In order to qualify for disability benefits, claimants need to have an impairment in body functions and structures certified by medical doctors before they are referred to the functional and need assessment. Some also thought the significance of personal and environmental factors were downplayed in the new assessment.

- The ICF is a classification system but not an assessment system. It provides standardized operational definitions of health and health-related domains that describe the essential attributes of each domain and contain information as to what is included and excluded in each domain. Assessment results arising from existing assessment instruments can be coded in ICF term. Below is an example –

Level	Example	Coding
One	Chapter 2: Sensory Functions and Pain	b2
Two	Seeing Functions	b210
Three	Quality of Vision	b2102
Four	Colour Vision	b21021

The successful application of ICF as a classification system also depends on the appropriate choice of clinical assessment tools. In Taiwan, it is still too early to evaluate the usefulness of the new ICF-based assessment system.

- While the use of multidisciplinary professional team as assessors is welcome by many stakeholders, some concerned that there would not be enough qualified professionals to conduct the assessment.

UK

6.4 The PIP was part of the Welfare Reform introduced by the UK government in 2011. In December 2010, the UK government published its intention to replace the DLA for persons aged 16 to 64 by the proposed PIP in a consultation paper on Disability Living Allowance Reform. In this consultation paper, the UK government identified several problems in the DLA –

- **It did not enable disabled people to lead full and active lives:** The DLA had not caught up with the changes in the attitudes to disability. Particularly, it is now universally accepted that disabled people should have the same choices and opportunities as non-disabled people.

- **It lowered disabled people's motivation to work:** Many people incorrectly believed that DLA was an income-replacement benefit for people who were unable to work due to disability. This hindered their motivation to work as people feared reduction in benefit if they entered into work.
- **It is unsustainable:** The complexity and subjectivity of the benefit has led to a wider application than originally intended. The UK government claimed that the rising caseload and expenditure is unsustainable. In 2010, 3.2 million people received DLA, compared to 1.1 million in 1992-93.
- **The DLA assessment was subjective:** It used care and mobility needs as proxy for the extra costs incurred by disabilities. It reflected views of disability in the 1990s, not the modern days. For example, the assessment of mobility needs focused on an individual's ability to walk, not their ability to get around more generally. Also, it allowed automatic entitlements to benefit on the basis of specific conditions and impairments, or the treatment an individual was receiving. As a result, eligibility for DLA was sometimes based on medical condition rather than impact of that condition, meaning that support was not always appropriately targeted.
- **Many received award based on self-reporting of needs:** More than half of the claimants received DLA benefits based on the self-reporting of needs in the claim form. Most did not even meet any health professionals for assessment.
- **No regular review:** About 70% of recipients were on indefinite awards. There was no straightforward way of reviewing people's entitlement to DLA on a regular basis to ensure that they received the right level of benefit.

To address these problems, the UK government proposed replacing the DLA by the PIP. PIP has two major differences from the DLA. First, it uses a new objective assessment of individual needs. Second, it has a regular review of all awards. In February 2011, the PIP was included in the Welfare Reform Bill and eventually approved by the Parliament. PIP was introduced in April 2013.

6.5 The introduction of PIP was on one hand welcome by many stakeholders, including disability rights groups, as many believed that the DLA was outdated and needed significant modification. Many also welcomed the PIP's focus on participation and assessing the impact of disability on an individual rather than on disabling conditions or impairments. On the other hand, the proposed changes are also controversial. The major concerns are summarized below –

- **Unexplained 20% cut in caseload and expenditure:** The biggest controversy was the unexplained 20% projected cut in the caseload and expenditure once the new program is

fully rolled out. Disability rights groups worried that this would exacerbate the link between poverty and disability. The UK government failed to clearly explain how this 20% cut would be achieved. Some stakeholders believe the claim of unsustainability is only a justification for benefit cut in order to save money.

- **Benefit cut to disabled people with low level support needs:** The PIP has two payment rates for each component (mobility and daily living). Many concerned that by moving to two rates of benefits per component, the government planned to remove the lowest rate of the care component of DLA. Some worried that the PIP would raise the threshold at which an individual would qualify for benefit. Those with some support needs would be disproportionately affected and could end up losing their disability financial assistance.
- **End automatic entitlement to benefits:** PIP ended automatic entitlement to benefit based on health conditions or impairments. However, some impairment-specific groups argued in favour of automatic entitlement for members who need more support, citing the administrative efficiencies that this could bring.
- **Extension of qualifying period:** The PIP extended the qualifying period from nine months to a year. This brings PIP in line with the definition of long-term disability for the purposes of the Equality Act 2010. However, many were not in favour of this proposal, and argued that some health conditions and impairments, such as cancer, have a sudden onset and individuals incur extra costs very soon after diagnosis.
- **Disabled people with fluctuating condition:** Many commented that a one-off assessment made it more difficult to capture the change people can experience in their condition. They believed that engaging assessors who fully understood, or had experience of working with people with fluctuating condition would be valuable.
- **Use of aids and adaptations in assessment:** In the PIP assessment, aids and adaptations that are available and are successfully used by an individual will be considered. Many, particularly health and medical professional organizations, agreed that aids and adaptations should be taken into account in the assessment if they have enabled an individual to live more independently. But it was recognized that the use of aids or adaptations does not entirely remove the extra costs incurred by disabled people, or the barriers they face.
- **Face-to-face assessment:** The new assessment requires a face-to-face discussion with a healthcare professional. Many felt that a face-to-face consultation could enable a more human approach and would likely produce more realistic and consistent outcomes. However, some questioned what value would be added by the use of an independent assessor, particularly for variable and fluctuating conditions. Some also highlighted the expenses of face-to-face consultations and the stress for the individual, which might

exacerbate health conditions or impairments. Some worried that such assessment would result in a medical approach to determining PIP entitlement.

- **The role of self-assessment:** While the PIP assessment focuses on the objectivity, many believed that the individual's self-assessment of the impact of their health condition or impairment on their daily life was vital and disabled person should be at the centre of the evidence gathering process, to enable them to nominate the most relevant professional to seek supporting evidence from.
- **Review of awards:** The PIP requires a regular review of awards. Many believed that for people who have a high level of need, or a health condition or impairment that will not improve or change over time, a longer award with a less intensive assessment process would be appropriate. Some, particularly those who were receiving indefinite awards, were not in favour of reviews. Many said that their health condition or impairment had not changed in several years and that undergoing regular reviews would be stressful for them.

(7) Pros and Cons of Various Models and Conclusion

7.1 In this study, we examined the disability assessment systems for cash allowances for persons with disabilities in four non-local places and compared them with the DA in Hong Kong. Desktop research was also conducted on the disability assessment systems of Spain and Macao. We also listened to stakeholders' views on the existing DA mechanism. In this section, we are going to compare the pros and cons of the four non-local place models⁴², and summarise issues which may be relevant to Hong Kong in adopting/developing a new set of assessment criteria.

7.2 First, for disability assessment, as previously mentioned, there is a trend of moving away from a purely medical assessment system to systems that include both medical assessment and functional assessment. We believe that this reflects the recent development of the concept of "disability" in social policy debate and rehabilitation services. For example, the WHO defines disabilities as "an umbrella term, covering impairments, activity limitations, and participation restrictions. An impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations." Medical assessment of disabilities typically focuses on impairment, but ignores both activity limitations and participation restrictions. A combined medical and functional assessment system can more adequately assess the needs of persons with disabilities. All the four non-local places use a combined medical and functional assessment. In Hong Kong, DA recipients must be severely disabled and as a result need substantial help from others to cope with daily life. As regards what is meant by "severely disabled and as a result need substantial help from others to cope with daily life", for physical disabilities, the Government has made reference to the Employees' Compensation Ordinance when devising the DA. Any applicant who is certified by a doctor of the Department of Health or the Hospital Authority as being in a position broadly equivalent to 100% loss of earning capacity under the categories of injuries as listed in the First Schedule to the Ordinance will be deemed to be severely disabled and as a result needs substantial help from others to cope with daily life. Functional-related factors, such as self-care, personal hygiene, maintaining posture and balance, expressing oneself, communicating and interacting with others, etc. will be considered if an applicant does not fit with the First Schedule categories. As recommended by the Ombudsman at October 2009, we agree that the "working in the original occupation and performing any kind of work for which he/she is suited" should be removed from the Medical Assessment Form to better reflect the intent of DA.

⁴² We do not know the systems of Macao and Spain well enough to include them in this comparison.

7.3 Second, the four non-local places vary in the scope of their functional assessments and the scope reflects how disability is defined in these societies. The US and Australia disability assessment systems focus mainly on employment capacity. Disability in the US is defined as a total loss of employment capacity. It starts with a list of impairments that automatically grants eligibility for disability benefits to applicants. For impairments that are not on the list, assessors will examine the residual employment capacity of the applicants. The Australian system uses a scoring system from impairment tables and applicants need to score 20 points or higher and demonstrate a “continuing inability to work” in order to receive DSP benefits. The new UK system and the new Taiwanese ICF-based systems cover many functional domains and are not limited to employment activities. The ICF in particular provides a clear guideline on the classification of disabilities. It provides a framework for a more balanced focus on impairments, activity limitations, and participation restrictions. It also allows flexibility for the government and society to decide how each category of disabilities should be assessed. However, both the UK and Taiwanese systems are too new that we do not have enough information to understand their impacts on public spending, number of participants and well-being of persons with disabilities. We may conclude that the disability assessment frameworks in the four non-local places reflect the definition of disabilities in their respective societies. The US and Australian systems focus on employment capacity and hence, an ICF-based assessment system will be too broad for them. The Taiwanese systems focus more on general functioning and activity limitations and an ICF-based system should be more appropriate. The UK model focuses more on mobility and self-care ability and its assessment system reflects this policy choice.

7.4 For cash allowance to persons with disabilities, most of the four non-local places use means test to qualify applicants for benefits. UK is the only exception. There are pros and cons of using means test for eligibility and the adoption of means test reflects more or less the political philosophy of a society and government. The DA in Hong Kong is non-means-tested, running in parallel with the means-tested comprehensive CSSA Scheme which serves as a safety net for persons/families who are in need. It is reasonable to review whether means test should be used as one of the eligibility criteria for cash allowance for persons with disabilities in Hong Kong. In fact, to be effective, cash assistance programs for persons with disabilities need to focus on providing adequate support to people who lack the means, like the CSSA Scheme in Hong Kong, instead of providing minimal support to a large number of people who may or may not need the support.

7.5 At present, there is no clear trend on granting carer allowance to persons with disabilities. In Hong Kong, DA does not provide carer allowance. The new Pilot Scheme

only provides benefits for low-income caregivers of elderly persons (including elderly persons with disabilities) waiting for government-subsidized long term care services. It is neither applicable to caregivers of non-elderly persons with disabilities nor caregivers of elderly persons with disabilities who do not meet the means test requirement.

7.6 Finally, we noted that some stakeholders consider it desirable to have a well-articulated and accepted definition of disabilities for Hong Kong to build consensus in order to improve the overall support services for persons with disabilities. However, the above will require a major overhaul of the respective assessment mechanisms of various disability support programs in Hong Kong. In view of the scope of work, we believed that it would be more appropriate to conduct such an exercise in a separate project, instead of in the context of the current DA review.

October 12, 2015

Sau Po Centre on Ageing of The University of Hong Kong

- End -

**Summary of Recommendations of the Social Welfare Department's
Working Group (WG)**

I. Review the eligibility criteria for fine-tuning

- (a) Disability Allowance (DA) is meant to offer some financial assistance for the severely disabled, according to the policy objective of the allowance all along. Accordingly, no regard should be made to their social and financial position or their employability.
- (b) There is no imminent need to rename the Allowance from Normal Disability Allowance (NDA) to “Allowance for Severe Disability” and Higher Disability Allowance (HDA) to “Higher Allowance for Severe Disability”. However, publicity will be enhanced to explain the existing aim and meaning of DA and the approval criteria.

II. Review and revise the layout, format and contents of the Medical Assessment Form (MAF), and clear discrepancy in views and practices with the Hospital Authority (HA) and the Department of Health (DH)

- (a) The eligibility for the DA is purely based on the functional assessment by doctors with no regard to the patient's social and financial position or employability. The cost-effectiveness of multi-disciplinary assessment as to whether a patient is suffering from “severe disability” is doubtful and may hinder timely assistance for the patients.
- (b) Adoption of a grading system in medical assessment is technically difficult in implementation since there is no uniform grading system adopted in Hong Kong at present.
- (c) On the use of rehabilitation devices or medicine, doctors will assess the patient's functional status as presented in the consultation, i.e. with or without the aid of rehabilitation or mechanical devices, or medication.
- (d) Doctors' assessment on whether the disability is within the meaning of the DA is based on the nature/degree, rather than the type of illness/injury/deformity. The clinical conditions will

vary between individuals and with time. As such, it is not practical to compile a comprehensive list of disease tantamount to severe disabilities.

(e) The layout and content of the existing MAF/checklist have been revised to improve the entry and presentation of information, and for easier reference by doctors:

- (1) the checklist has been incorporated into the MAF, thereby obviating the need for two different sets of documents;
- (2) “severe disability” has been highlighted as the focus of the medical assessment rather than eligibility for NDA/HDA;
- (3) wordings of the MAF have been amended to facilitate use of the MAF for making medical assessment with children;
- (4) previous medical assessment record would continue be provided in the MAF by Social Security Field Unit (SSFU) staff for doctor’s attention/reference;
- (5) staff of the SSFUs of the Social Welfare Department (SWD) would cross out from the MAF parts not requiring input by doctors;
- (6) assessing a patient with “other physical, mental conditions including visceral diseases”, the patient’s ability to “work in the original occupation and performing any other kind of work” has been removed as a criterion for assessment to avoid misunderstanding which might cause inconsistency in assessments. Besides, doctors are required to tick one or more of the three qualifying condition(s) against which the patient is considered suffering from severe disability; or confirm that all the three qualifying conditions are not met if the patient is considered not suffering from severe disability;
- (7) the examples originally quoted in the assessment of patient’s ability to “express oneself, communicate and interact with others” have been removed, as the quoted examples are not exhaustive and their inclusion may lead to difference in interpretation by doctors. On the other hand, to facilitate assessment on the patient’s cognitive abilities, emotional control and social behavior, such wordings as “maintaining cognitive abilities (orientation, attention, concentration, memory, judgment, thinking, learning ability, etc.), maintaining emotional control and social behavior” have been inserted;

- (8) doctors are required to provide reasons if there is a change of assessment from “in need of constant attendance” to “not in need of constant attendance”; and from “permanent disability” to “non-permanent disability”.

III. Arrange regular audit of cases by senior officers to spot irregularities and deficiencies

- (a) Arranging random checking and regular audit of cases does not help to spot inconsistencies between assessments on different persons with similar disabling conditions. It is because assessments on different persons may have different results owing to factors other than the type of disabling illness, e.g. different age, disabling condition and progress on rehabilitation.
- (b) To strengthen coordination and communication among SWD/HA/DH, a mechanism in the form of annual meetings will be established to review the operational and other logistical concerns.
- (c) Briefing/training for staff of relevant departments/organisations/professionals will be stepped up.

IV. Refine guidelines for staff

- (a) A set of internal guidelines has been developed for SSFU staff, Medical Social Workers (MSWs) and doctors to present clearly the work flow for processing applications and appeals, and delineate the respective roles of different parties involved in the process:
 - (1) doctors are responsible for conducting medical assessment on an applicant’s disability while SSFU staff are responsible for determining an applicant’s eligibility for DA basing on the medical assessment and other eligibility criteria. MSWs are to assist in the coordination and liaison work;
 - (2) especially in the initial stage of application, enhancement will be made regarding the dissemination of information and explanation by staff of SWD to applicants about the meaning and eligibility criteria of the DA and other social security benefits (e.g. Comprehensive Social Security

Assistance)/rehabilitation services. Pamphlets and publicity materials will be updated/produced;

(3) a checklist and a standard referral memo with essential checking items have been designed to facilitate SSFU staff to check irregularities and inconsistencies of the medical assessment and seek clarifications with doctors. Clarifications by both parties (SSFUs and doctors) will be in writing, and the standard memo will be signed out by Social Security Officer II (SSOII) or above supervising the Social Security Assistant (SSA).

(b) The current hierarchy of processing applications in SSFUs (i.e. investigation by the SSA rank and vetting and approval by the SSO rank) is considered appropriate.

(c) As doctors should contact with the SSFUs direct for clarifications [(IV)(a)(3)above], hotlines for doctors is not necessary.

V. Revise the notification letter to applicants, giving specific reason(s) for refusal of DA

(a) In the notification letter to applicants, it is difficult to provide codified reasons for ineligibility. Yet, to improve transparency, a clause that the applicant does not meet the definition of “severe disability” within the meaning of DA including the three qualifying conditions will be provided if the applicant is assessed under “other physical, mental conditions including visceral diseases”.

VI. Record in some detail the deliberations of Medical Assessment Board (MAB) and the SSAB for transparency of information to appellants and for doctors’ reference in future assessments

(a) As far as appeals are concerned, the assessment form of the MAB has been revised in line with the revisions to the MAF, with space for the MAB to record its deliberations.

(b) The notification letter of the SSAB has been revised in line with revisions to the notification letter for applicants.

VII. Consider an overall review of the DA

- (a) The WG has reviewed and fine-tuned the eligibility criteria, the medical assessment and appeal mechanism, as well as the roles of relevant departments/organisations as appropriate in accordance with the policy intent of the DA, with a view to enhancing objectivity, consistency and transparency of medical assessments for applicants and strengthening coordination among relevant departments/organisations in the processing of DA applications.

- (b) The Chief Executive proposed in his manifesto that people with loss of one limb would be allowed to apply for the DA. As announced by the Chief Executive in his 2013 Policy Address, the Labour and Welfare Bureau has established an Inter-departmental Working Group to study this issue. The Inter-departmental Working Group will report to and seek direction from the Social Security and Retirement Protection Task Force of the Commission on Poverty.

Medical Assessment Form for the Disability Allowance (Proposed Version)

SOCIAL SECURITY ALLOWANCE (SSA) SCHEME

MEMO

From: Supervisor, Social Welfare Department Ref.: _____ Tel.: _____ Date: _____	To: Doctor-in-charge _____ *Hospital/Clinic via *MSSU/MRO/Designated person Your Ref.: _____ dated: _____
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Re: *Mr/Ms _____ (Chinese _____)
 *HKIC/BC No.: _____ Age: _____
 Address: _____ Tel. No.: _____
 *Hospital/Clinic: _____ Ref. No.: _____
 Next follow-up date: _____ *Specialty/Ward: _____

The above-named, who claims to be suffering from _____ (a disabling physical or mental condition), has applied for Disability Allowance (DA) under the SSA Scheme. *He/She has given us permission to make the medical enquiry.

2. Available information on *his/her *DA and/or medical record is as follows:

- New application
- Existing Normal DA (NDA) recipient
- Existing Higher DA (HDA) recipient

3. A copy of the latest medical assessment form (MAF)^ is *attached/not available/not applicable.

4. I should be grateful if you would fill in the relevant sections in the form overleaf taking into account the information in paragraphs 1 to 3 above and return the original copy of the completed form to the undersigned **on or before** _____. If telephone discussion is desirable, please contact the undersigned or _____ on Tel. No.: _____.

Signature: _____
 Name in block letters: _____
 for Supervisor, _____

(For new applications only)	
From: Medical Social Worker _____ *Hospital/Clinic Ref.: _____ Tel.: _____ Date: _____	To: Supervisor, Social Welfare Department Your Ref.: _____ dated: _____

Re: *Mr/Ms _____ (Chinese _____)
 *HKIC/BC No.: _____ Age: _____
 Address: _____ Tel. No.: _____
 Hospital/Clinic: _____ Ref. No.: _____

The above-named has applied for DA under the SSA Scheme.

2. I forward overleaf a medical report on the above-named. Additional remarks are as follows: _____

(Space for official chop)

Signature of Medical Social Worker:
 Name in block letters:
 *Hospital/Clinic

^ The latest MAF refers to (a) for an active DA case, the last MAF certifying the applicant's severe disability or (b) for a previously ineligible DA case re-applying for DA, the last MAF certifying that the applicant is not severely disabled, with date of assessment falling within one year counting back from the date of the current application.

* Delete whichever is inapplicable.

Re: *Mr/Ms

*HKIC/BC
No.

SSFU
Ref.

(information to be filled
by SSFU)

Whether the patient requires constant attendance:

The patient is:

Not in need of constant attendance

In need of constant attendance

[Note:

For a patient with severe disability as assessed in (a) (i) to (viii) above and in need of constant attendance, please also complete the Supplementary Medical Assessment Form on Need for Constant Attendance (SSA Scheme) for assessment of eligibility for Higher Disability Allowance (HDA).

If the patient is assessed to be “not in need of constant attendance” but *he/she was assessed to be “in need of constant attendance” in the last medical assessment, e.g. existing HDA recipients, please provide reason(s) (see paragraph 2 of the covering memo).

Reason(s): _____

SSFU : Please cross out if the patient is not assessed to be “in need of constant attendance” in the last medical assessment.]

(b) The patient is suffering from _____ (a disabling physical or mental condition) but does not fall within (a) above.

(Remarks, if any) : _____

[Note: Please skip Part (III) if the patient falls within (b)]

(III) Duration of disabling condition [Note: For cases falling within Part (II) (a) above]

The condition specified in Part (II) (a) is likely to last from *the date of application/the date after the expiry date of last certification, which is _____ (date to be filled by SSFU or MSSU) for:

- less than 6 months _____ (see **) over 2 years - up to 3 years
(specify number of months)
- 6 months from 3 years to _____ years (specify)
- over 6 - 12 months up to and including _____ years old (specify for child assessment service)
- over 1 year - up to 2 years permanently

If duration of patient’s disabling condition is assessed to be non-permanent in this assessment, but was assessed to be of permanent in the last medical assessment, please provide reason(s):

- Change from lower care level (NDA) to constant attendance level (HDA), but condition is assessed to be non-permanent and hence is subject to review.
- Other reason(s), please specify _____

** For a new application, the patient will not be qualified for DA if his/her disablement specified in Part (II) (a) is expected to last for less than 6 months.

SSFU : Please cross out if the patient is not assessed to have permanent disability in the last assessment.

Re: *Mr/Ms _____ *HKIC/BC _____ SSFU _____ (information to be filled
No. Ref. by SSFU)

(IV) **Assessment for fitness for making a statement in relation to the application of SSA Scheme**

- The patient is mentally fit for making a statement. The patient is mentally unfit for making a statement.

SSFU : Please cross out if this is not applicable (e.g. no suspicion of the patient suffering from mental illness or dementia).

(V) **Any other comments** [Note: To help other doctors assess the patient in future, please put down some physical findings and supportive evidence for assessment, where appropriate.]

(Space for official chop) (Signature of Doctor) (Name in block letters) (Date)

* Delete whichever is inapplicable.

Re: *Mr/Ms _____ *HKIC/BC _____ SSFU _____ (information to be filled
No. Ref. by SSFU)

**SUPPLEMENTARY MEDICAL ASSESSMENT FORM
ON NEED FOR CONSTANT ATTENDANCE (SSA SCHEME)**

Patient certified to be in need of constant attendance will be eligible for a higher rate of DA which is **twice** that of the normal rate under the SSA Scheme.

Please ignore this Form **UNLESS** the patient, **IN ADDITION TO** suffering from severe disability as assessed in Part (II)(a) of the Medical Assessment Form, **ALSO REQUIRES** from another person:

For patient aged 15 years or above

- FREQUENT ATTENTION** throughout the **DAY AND PROLONGED** or **REPEATED ATTENTION** during the **NIGHT** in connection with his/her bodily functions, e.g. totally bedridden, quadriplegia, etc;

OR

- CONTINUAL SUPERVISION** in order to avoid endangering himself/herself or others, e.g. severely demented/intellectually disabled, etc.

For patient aged below 15 years

- SUBSTANTIALLY MORE FREQUENT ATTENTION** throughout the **DAY AND PROLONGED** or **REPEATED ATTENTION** during the **NIGHT** of that normally required by a person of the same age in connection with his/her bodily functions, e.g. totally bedridden, quadriplegia, etc.;

OR

- CONTINUAL ATTENTION AND SUPERVISION SUBSTANTIALLY IN EXCESS** of that normally required by a person of the same age in order to avoid endangering himself/herself or others, e.g. uncontrolled hyperactivity or intellectually disabled etc.

(Space for official chop)

Signature of Doctor: _____

Name in block letters: _____

Date: _____ *Hospital/Clinic

* Delete whichever is inapplicable.

Assistance Programme under the Community Care Fund

Pilot Scheme on Raising the Maximum Level of Disregarded Earnings (DE) for Recipients with Disabilities under the Comprehensive Social Security Assistance (CSSA) Scheme

[The following is preliminary information about the proposed assistance programme under the Community Care Fund (CCF). Details are subject to the deliberation and approval of the CCF Task Force under the Commission on Poverty]

Background and objective

- For working-aged persons with disabilities, it is the Government's objective to provide appropriate assistance to help them find suitable jobs on the basis of their abilities. The Working Group proposes to invite the CCF to allocate funding for implementing a pilot scheme on "Raising the Maximum Level of DE for Recipients with Disabilities under the CSSA Scheme" (the pilot scheme) to encourage persons with disabilities to secure employment. In addition to encouraging recipients with disabilities who are currently employed to look for employment opportunities with higher salaries, the pilot scheme can also encourage recipients with disabilities who are currently unemployed to consider joining the labour market.
- Under this pilot scheme to be administered by the Social Welfare Department (SWD), the maximum level of DE¹ for CSSA recipients with disabilities is proposed to be raised by about 60%. That is, earnings at the first \$1,200 will be totally disregarded while half of the earnings at the next \$5,600 (i.e. \$2,800) will be disregarded. The maximum level of monthly DE will be \$4,000, i.e. only earnings above \$6,800 would be completely deducted from CSSA entitlement. The CSSA payment for the recipients with disabilities under the existing CSSA Scheme would be paid by SWD, whereas the additional payment arising from the implementation of this pilot

¹ Under the current CSSA Scheme, all categories of recipients in cases which have been on CSSA for not less than two months are eligible for the DE benefits. The aim is to encourage CSSA recipients to find and maintain employment. DE refers to the earnings from employment that are disregarded when assessing the amount of assistance payable to a CSSA recipient. Eligible recipients are entitled to the maximum level of DE at \$2,500 per month [earnings at the first \$800 will be totally disregarded while half of the earnings at the next \$3,400 (i.e. 1,700) will be disregarded], i.e. earnings above \$4,200 would be completely deducted from CSSA entitlement.

scheme would be paid in the form of a subsidy by the CCF through SWD.

Eligibility criteria

An applicant must satisfy the following criteria –

- is receiving CSSA and is medically certified to be disabled/in ill-health;
- is engaged in paid employment and entitled to the DE arrangement under the CSSA Scheme; and
- continue to be medically certified to be disabled/in ill-health while enjoying the raised DE under the pilot scheme.

Application procedures and payment of subsidy

- Eligible CSSA recipients are not required to submit applications. SWD will, based on information on recipients' earnings from employment recorded in the Computerised Social Security System, assess the difference between the amount of raised DE under the pilot scheme and the amount of DE that the recipients have already enjoyed.
- Upon assessing the relevant information, SWD will deposit the payment, in the form of subsidy, into the bank accounts that eligible CSSA recipients' used for CSSA payment on a regular basis and issue payment notifications to them.

Target beneficiaries, scheme implementation and evaluation

- The target beneficiaries of the pilot scheme are CSSA recipients with disabilities (including those in ill-health) who are engaged in paid employment. According to the statistics being kept by SWD, among the existing CSSA cases, about 3 000 recipients may benefit from the pilot scheme.
- The pilot scheme is proposed to be implemented for three years from October 2016 to September 2019. SWD will evaluate the effectiveness of the pilot scheme.

Assistance Programme under the Community Care Fund

**Pilot Scheme of Providing Subsidy for
Higher Disability Allowance (HDA) Recipients in Paid Employment
to Hire Carers**

[The following is preliminary information about the proposed assistance programme under the Community Care Fund (CCF). Details are subject to the deliberation and approval of the CCF Task Force under the Commission on Poverty]

Background and objective

- The Working Group proposes to invite the CCF to allocate funding for implementing a pilot scheme of “Providing Subsidy for HDA Recipients in Paid Employment to Hire Carers” (the pilot scheme) to provide HDA recipients in paid employment who require constant attendance with an additional subsidy for hiring carers to assist them in their daily living (including activities at the workplace), so as to alleviate the financial burden on persons with disabilities and encourage them to work.
- This pilot scheme will be administered by the Social Welfare Department (SWD). Having regard to the present arrangement under the Comprehensive Social Security Assistance (CSSA) Scheme for the grant on hiring carers by persons in need of carers, the Government will invite the CCF to provide each eligible HDA recipient with a monthly subsidy of \$5,000¹ for a maximum of 24 months for hiring carers.

¹ Under the existing CSSA Scheme, eligible recipients are mostly hiring foreign domestic helpers (FDHs) as carers. Having regard to the minimum allowable wage (i.e. \$4,210 per month) for hiring an FDH and the other expenses relating to hiring an FDH, e.g. food, insurance, etc., the pilot scheme recommends providing a monthly subsidy of \$5,000. Together with the HDA (currently at \$3,160 per month), each person with disabilities meeting the eligibility criteria for the subsidy would receive a total of \$8,160 per month.

Eligibility criteria

An applicant must satisfy the following criteria –

- is receiving HDA under the Social Security Allowance Scheme;
- has secured paid employment with a monthly income of not less than 75% and not exceeding three times of the Median Monthly Domestic Household Income (MMDHI) for one-person household²; and
- is gainfully employed but his/her family/relatives is/are unable to provide care and must hire a carer to assist in his/her daily living (including activities at the workplace).

Application procedures and payment of subsidy

- Eligible HDA recipients may submit applications to SWD within 12 months from the date of implementation of the pilot scheme.
- Applicant should submit documents required, including relevant proof of income, employment contract of the carer concerned (the employment terms and contract should comply with the relevant ordinances in Hong Kong).
- Upon assessing the relevant information, SWD will deposit the subsidy into the bank accounts that eligible applicants used for HDA payment on a regular basis and issue payment notifications to the recipients.
- During the subsidy period, if the recipient is temporarily ineligible for the HDA, or there are changes in his/her paid employment which result in failure to meet the eligibility criteria, the recipient may be granted a grace period for a maximum period of three months. After the grace period, the recipient would not be granted the subsidy if the above-mentioned situation continues.

² According to the Report on General Household Survey for the Third Quarter of 2015 published by the Census and Statistics Department, the MMDHI for one-person household was \$10,000. Therefore, persons with monthly income not less than \$7,500 and not exceeding \$30,000 will meet the relevant requirement.

Target beneficiaries, implementation and evaluation of the scheme

- The target beneficiaries of the pilot scheme are HDA recipients in paid employment who require constant attendance. It is difficult for the Government to accurately estimate the number of beneficiaries. Initially, SWD will seek funding from CCF based on an estimate of 100 beneficiaries.
- The pilot scheme is proposed to be implemented for three years from October 2016 to September 2019. SWD will evaluate the effectiveness of the pilot scheme.

Assistance Programme under the Community Care Fund

**Pilot Scheme on Living Allowance for Low Income Carers
of Persons with Disabilities**

[The following is preliminary information about the proposed assistance programme under the Community Care Fund (CCF). Details are subject to the deliberation and approval of the CCF Task Force under the Commission on Poverty]

Background and objective

- To strengthen support for persons with disabilities and their carers, the Working Group proposes to invite the CCF to fund a “Pilot Scheme on Living Allowance for Low Income Carers of Persons with Disabilities” (the pilot scheme). This aims to provide low-income carers of persons with disabilities with a living allowance to help supplement their living expenses so that persons with disabilities in need of long term care may, with the help of their carers, receive proper care and to enable them to remain in the community.

Eligibility criteria

An applicant, as a carer providing care for a person with disabilities, must satisfy the following criteria –

- the person with disabilities being taken care of shall be living in Hong Kong, is assessed to be of moderate or severe level of impairment, is waitlisting for any one of the specified rehabilitation services¹ under the Social Welfare Department (SWD) or special school with boarding placement under the Education Bureau (EDB) or general infirmary service of the Hospital Authority (HA) on or before a specified date, is living in the community, is not using any residential care services and is not receiving long-term in-patient treatment in hospital, at the time of application and throughout their

¹ Specified rehabilitation services refer to subvented residential care services, community care services or day rehabilitation training services under the Central Referral System for Rehabilitation Services (CRSRehab) which include Hostel for Severely Physically Handicapped Persons, Hostel for Severely Mentally Handicapped Persons, Hostel for Moderately Mentally Handicapped Persons, Care and Attention Home for Severely Disabled Persons, Care and Attention Home for the Aged Blind, Long Stay Care Home, Residential Special Child Care Centre, Home Care Services for Persons with Severe Disabilities, Integrated Support Services for Persons with Severe Physical Disabilities, Day Activity Centre, Sheltered Workshop and Special Child Care Centre.

participation in the pilot scheme;

- the carer shall be capable of taking up the care-giving role² and shall provide at least 80 hours of care-giving work³ per month (or not less than a total of 120 hours per month for taking care of more than one person with disabilities);
- the carer shall be a Hong Kong resident and shall not be engaged in any form of employment relationship with the person(s) with disabilities whom he/she is taking care of;
- the carer shall not be receiving Comprehensive Social Security Assistance, Old Age Living Allowance or carer allowance in respect of the same person with disabilities under the Pilot Scheme on Living Allowance for Carers of the Elderly Persons from Low Income Families; and
- the carer's monthly household income shall not exceed 75% of the Median Monthly Domestic Household Income (MMDHI) applicable to the corresponding household size in Hong Kong⁴.

Application procedures and payment of allowance

- SWD will issue letters to persons with disabilities who are waitlisting for subvented residential care services, community care services or day rehabilitation training services under the CRSRehab, or special school with boarding placement under the EDB or general infirmary

² In general, a person who has not attained the age of 15, is assessed to be of moderate to severe level of impairment, is on the waiting list for subsidised long term care services or residential services for persons with disabilities, or is a recipient of Disability Allowance will not be deemed to be a fit and capable carer and therefore will not be eligible for carer allowance.

³ The care provided by the carer for the person(s) with disabilities refers to independent activities of daily living such as meal preparation, home making, medication management, purchase of daily necessities, escort, etc. and/or activities of daily living such as personal care assistance in mobility, dressing, toileting, personal hygiene, etc. as required by the person with disabilities. For some carers who take care of persons with disabilities having behavioural or emotional problems, they may need to calm down the behaviour and emotion of the persons with disabilities before they can provide the aforementioned daily living care. Such calm-down time may be counted as care-giving time. In addition, the number of hours for the carer to attend training may be counted as care-giving time.

⁴ According to the Report on General Household Survey for the Third Quarter of 2015 published by the Census and Statistics Department, the amounts equivalent to 75% of the MMDHI corresponding to the respective household size are as follows –

Household size	75% of the MMDHI
1	\$7,500
2	\$14,250
3	\$20,250
4	\$27,000
5	\$34,050
6 or above	\$39,750

service of the HA on or before the “specified date”, in an ascending order of priority based on the dates of waitlisting, inviting their carers who are eligible to participate in the pilot scheme to submit applications.

- In respect of each person with disabilities invited to participate in the pilot scheme, only one carer may submit an application for the allowance. If a person with disabilities has more than one carer, the carers will have to decide among themselves who should be the applicant and the recipient of the allowance⁵.
- Applications will be vetted by SWD. After completion of the vetting procedures, SWD will issue notification letters with application results to the applicants. Eligible applicants will be referred to carer support services, in addition to the payment of a monthly allowance of \$2,000⁶ for each carer, which will last for a maximum of 24 months.
- SWD will conduct random checks in the course of processing the applications or releasing payments of allowance, and relevant parties may be required to provide detailed information about their financial position together with relevant documents for verification.

Carer support services

- Eligible carer will be referred by SWD to an approved service unit (service unit) for carer support services. Based on the district in which the person with disabilities is living, SWD will refer the carer and the person with disabilities to a suitable service unit.
- While receiving the allowance, the carer and the person(s) with disabilities under his/her care shall meet with the social worker of the service unit on a regular basis (including interviews and/or home visits) and receive carer support services provided by the service unit.
- The social worker of the service unit will learn about the person(s) with disabilities and the care-giving capabilities of the carer, so as to provide appropriate counselling to strengthen/enhance the carer’s care-giving capabilities. The social worker may also provide assistance according to the welfare needs and care plans of the

⁵ To avoid double subsidy, if a person with disabilities has more than one carer, and the person with disabilities has been granted the proposed “Subsidy for Higher Disability Allowance Recipients in Paid Employment to Hire Carers” under the CCF (please refer to Annex VIII), the other carer(s) of that person with disabilities will not be allowed to apply for carer allowance under the pilot scheme.

⁶ The amount of allowance will make reference to the Pilot Scheme on Living Allowance for Carers of the Elderly Persons from Low Income Families.

person(s) with disabilities and/or the carer, and refer them to appropriate community support services as and when necessary.

- The social worker of the service unit will also maintain liaison with the responsible social worker of the person with disabilities, so as to ensure that the person with disabilities will receive the required care services.

Training programmes for carers

- The service unit will introduce/select suitable training programmes for the carer or advise him/her to enroll in specific training programmes based on the conditions of the person(s) with disabilities under his/her care for enhancement of care-giving capabilities.
- The number of hours spent on carer training can be counted as care-giving. The service unit, where necessary, will also provide the carer with appropriate assistance, such as arranging respite services or volunteer visits for the person(s) with disabilities being taken care of, so that the carer may attend training or be temporarily relieved from the pressure of providing long-term care for the person(s) with disabilities.

Target beneficiaries, implementation and evaluation study

- The two-year pilot scheme is expected to be launched in October 2016 and caters for an estimated 2 000 beneficiary carers.
- SWD will commission a research team to conduct an evaluation study on the impact and effectiveness of the pilot scheme. This would be the same research team commissioned by SWD to conduct an evaluation on the CCF-funded Pilot Scheme on Living Allowance for Carers of the Elderly Persons from Low Income Families.